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THE UNIVERSITY OF ALBERTA

SUICIDE AND THE SELF AS PROCESS: SELF VALIDATION-INVALIDATION

BY

MURIEL HOOVER

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1987

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ISBN 0-315-40888-X

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TITLE OF THESIS: SUICIDE AND THE SELF AS PROCESS:
SELF VALIDATION-INVALIDATION

DEGREE: MASTER OF EDUCATION

YEAR THIS DEGREE GRANTED: 1987

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THE UNIVERSITY OF ALBERTA

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled SUICIDE AND THE SELF AS PROCESS: SELF VALIDATION-INVALIDATION, submitted by MURIEL HOOVER in partial fulfilment of the requirements for the degree of MASTER OF EDUCATION IN COUNSELLING PSYCHOLOGY.

Supervisor

Date: 19 June 1987

DEDICATION

To those
Who taught me
Validation
And invalidation.
In memory
Of those, for whom
The invalidational abyss
Was crossed
On death wings.

Cary Smith's death wings

ABSTRACT

This thesis pursues an understanding of suicide as a human behaviour and an understanding of the individual who suicides. This quest searches for understanding through the review of explanations of suicide from the theoretical perspectives of sociology, psychology and social-psychology, literature on the nature of the self, and attitudes towards death.

An abstract conceptual schema of suicide is proposed to capture and reflect the interactive effects between personal and social forces as they impinge of the individual. Meaning, forming the sense of self, is identified as the variable intervening between the individual and conditions of anomie and egoism. The schema presents general principles while retaining subjectivity and honouring the fact that suicide is an individual, personal and private act.

The fundamental principle of Suicide and the Self as Process is the acceptance of validation as the self systems primary function with invalidation as the distinguishing factor catapulting individuals to suicide. The second principle is that validation and invalidation are derived from meaning. The third principle is that the sense of self and meaning evolve from a process based on the premise that individuals perceive, reflect, interpret and adjust to experiential events in their perceptual field, creating and recreating the self in meaning. Meaning and the sense of self are proposed as being mutual and synonymous.

The essential conceptual components of the self as process are conceived as functioning through the self; as the self, during interaction is subject to evaluation, integration and adaptation which produces validation or invalidation of the self in experience. The schema proposes that invalidations threaten meaning and the sense of self and further, that major invalidations, slowly or suddenly, collapse symbolized meaning and extinguish the abstract, psychological sense of self. Major invalidations are proposed as being evaluated and integrated as the annihilation of the symbolic sense of self, invalidating the entire self system. Thus, the sense of self ceases to exist in meaning. As the primary principle, the self system then functions to validate the existent meaning and sense of self. Volition exists, adapts and acts to confirm the experienced invalidation. Suicide.

ACKNOWLEDGEMENTS

Thank you to my committee members: Dr. Ron Dyck, Dr. George Jarvis, and Dr. Len Stewin for their time, assistance and support. A special thanks to my supervisor, Dr. George Fitzsimmons for his trust, support and understanding. It is an incredible validation to have one's work read not only by the line but between the lines as well.

Thank you to my family for their patience and to Gwen Simpson for the shape of content.

Table of Contents

Chapter		Page
1	Introduction	1
2	Survey of Problem	6
	Definition of Suicide	7
	Statistics of Suicide	13
	The Collection and Application of Statistical Knowledge	18
	Methods of Suicide Investigation and Assessment	20
	Current Conclusions of Suicide Investigation	27
3	Attitudes Towards Death	35
	Historical Concepts of Death:	36
	A Change in the Mode of Existence or Total Annihilation	36
	Cultural Concepts of Death	36
	Philosophical Concepts of Death	37
	Religious Concepts of Death	41
	Summary of Historical Concepts of Death	44
	Historical Retributions and Reactions to Suicide	45
	Shifting Historical Concepts of Death and Suicide	46
	Religion and Responsibility	49
	The Fear of Death and Responsibility	51
	The Fear of Death: Denial or Acceptance of Responsibility	55
	Suicide and Responsibility	57
	Suicide and Cessation	58
	Concepts of Death and Suicide Research	60
	Conclusions of Attitudes Towards Death	61

Chapter Page

4 Explanations of Suicide 63

Sociological Explanations of Suicide 63

Social Integration--Durkheim 63

Status Integration--Gibbs and Martin 65

Status Position and Relational Involvement--Henry and Short 67

Summary and Discussion of Sociological Explanations 70

Psychological Explanations of Suicide 74

Psychoanalytic Tradition: 74

Freud's Instinct Theory 75

Identifications and Ego-Splitting in Loss and Depression 76

Loss of Symbolic Representations 78

Alcohol and Drugs 80

Mental Illness and Depression 81

Cognition, Affect and Depression 84

Suicide as Adaptation 86

Summary and Discussion of Psychological Explanations . . 87

Social-Psychological Explanations of Suicide 91

The Smith Model of Suicide: Ego Vulnerabilities 91

Suicidal Careers: Toward a Symbolic Interaction Model of Suicide 94

Commitment 97

Communication 100

Crisis 104

Five Components of a Basic Suicide Syndrome 107

Chapter Page

Summary and Discussion of Social-Psychological Explanations 109

5 Self-Theory 113

Research and the Self-Concept 113

Self Terminology and Dimensions 114

The Self and Psychoanalytic Tradition 117

Self: Image or Ego 117

Self Function: Static, Dynamic or Motivational 118

Self Formulation: Erikson's Ego Psychology 120

Suicide Research on Eriksons Identity Formation 112

The Self and Social-Psychological Theory 126

Self Formulation: James' Self Aspects of I and Me . . . 126

Self Formulation: Cooley and Mead's Reflected Self . . . 128

Self Understanding: James, Cooley and Mead 129

Self Understanding: Role Theorists and Interactionists . 130

Suicide and the Self: Social and Personal Status 132

The Self and Evaluation 133

Self Formulation: Jackson's Meaning and Self-Esteem . . 138

Ideology 139

Idealization 139

Central Conflict 140

The Self and Cognitive Theory 142

Self-Image Disparity 142

Function of Self-Image and Disparity. 144

The Self and Experience 148

Chapter Page

The Psychology of Personal Constructs 150

Construction Systems 151

Invalidated Constructions 155

Suicide and Personal Constructs 157

Summary of Personal Construct Psychology 158

Life Scripts of Transactional Analysis 159

Structuring Time: Activity 160

Structuring Activity: Scripts 161

Script Function 162

Summary of Life Scripts 164

Summary of Self-Theory 165

Conclusions of Self-Theory 175

6 Suicide and the Self as Process
Self Validation--Invalidation 177

The Self as Process 179

Schema of the Self System 179

Functioning of the Self System 182

Components of Suicide and the Self as Process 182

The I and Me Aspects of the Self 187

Interaction 189

Evaluation 192

Integration 198

Adaptation 203

Suicide and Meaning 208

Additional Considerations 212

Chapter Page

Ambivalence and the Suicidal Decision 212

Attitudes Toward Death: Existent Validated Constructs . 214

Invalidations: Shame and Failure 215

Attempted and Completed Suicide 217

Suicide Assessment 218

Summary of Suicide the Self as Process 220

Summary of Formulations 223

7 Implications 227

Related to Therapy 227

Related to the Understanding of Suicide 230

Related to Clinical and Empirical Validation 232

References 235

Table of Figures

Figure Chapter:Number		Page
2:1	Province of Alberta 1960-1985 Suicide Rates per 100,000 population by Year	16
2:2	Province of Alberta 1985 Preliminary Suicide Statistics Suicides by Age Group	17
2:3	Suicides Ten Commonalities and Clinical Response (Shneidman, 1984)	26
2:4	Populations and Suicide	34
3:1	Concepts of Death (Maris, 1981)	59
6:1	Schema of the Self System I	180
6:2	Schema of the Self System II	181
6:3	Functioning of the Self System I	183
6:4	Schema of the Self System III(a)	184
6:5	Schema of the Self System III(b)	185
6:6	Functioning of the Self System II	186

CHAPTER ONE

Introduction

Suicide ignites a stark terror. "Why?" is murmured quietly or shouted aloud. Why did this happen? Why couldn't this have been prevented? Why this needless loss of life? The worthwhileness of life is confronted by the worthlessness of life implied in suicide. What is the worth and meaning of life, of death, of suicide? Of life with such a loss? The whys abound!

An explication of suicide, for most individuals, begins with a death, the death of someone known and close enough the quest for understanding reaches deep for meaning. Theologians, philosophers, theoreticians and social scientists are no less effected in their quest. The search for meaning and the understanding of suicide has personal implications for all who study and explore its nature. Death can be repressed, ignored, denied or evaded but never avoided. It means something personal to all. Our attitudes towards death influence our reaction, reporting and explanation of suicide as do our philosophic, religious and theoretical perspectives; directing how and why we look to understand suicide, its origins, process and conclusion.

A purpose of this work is the pursuit of understanding suicide as a human behaviour. To this end the historical evolution of paradigmatic explanations of suicide are presented and acknowledged for their

contribution to the understanding of the complex phenomenon of suicide. Paradigmatic explanations of suicide are attempts to make sense out of experience generating explanations for the observed behaviour of suicide in order to answer the question, Why? All paradigms are directed by a world view which includes concepts regarding the nature of man, the nature of investigation and attitudes towards death. Paradigms are fueled by these concepts and attitudes whether they are implicit or explicitly stated.

The earliest paradigm accounting for suicide was closely connected to attitudes towards death. Both death and suicide were related to concepts of God and an after life. Suicide was the individual's response to beliefs about a God and an afterlife that either encouraged, prohibited or inhibited the seeking of death through suicide. This paradigm has been articulated, refined and altered through time by religion, philosophy and the advent of technology and secular viewpoints.

The earliest challenges to this paradigm came from questioning the provable dimensions of death and an afterlife and the debate regarding individual behaviour as obedience to God's will or based on individual responsibility. From this there emerged two differing paradigms accounting for suicide. These paradigms shifted explanations from suicide viewed in relation to concepts of God and an afterlife to suicide viewed as the individual's response to society (sociological) or the functioning of personality (psychological).

Paradigms are successful when they account for an observed behaviour, such as suicide, or promise a successful explanation through

the articulation of the paradigm. Contradictions and inconsistencies to the accuracy and adequacy of the paradigm are seen as counter instances. These anomalies are discovered only as they emerge against the backdrop of the existing paradigm. Eventually, anomalies are readily observed and anticipated creating a proliferation of paradigmatic versions and a loosening of the rules of the paradigm. This allows for the emergence of new paradigms which are usually conceptual transformations, a change in world view, when the same phenomena are viewed differently than before. New paradigms interpret the same data from a new perspective and to be successful they must fit better and solve at least some of the anomalies of the previous paradigm.

The most current paradigm accounting for suicide has resulted from the observance of contradictions and inconsistencies of the sociological and psychological approaches. This new social-psychological paradigm attempts to account for suicide through the combination of social and personal factors, the relevant factors having been identified through the observations, descriptions and empirical testing of the previous paradigms.

Following the presentation of the paradigmatic explanations of suicide a conceptual schema is proposed. This schema is considered to be a social-psychological paradigm which proposes to unite discrete truths of suicide in an abstract conceptual framework. The conceptualization proposes to incorporate the reciprocal interactive effects of social and personal forces as they impinge on the individual. The unity of the multiplicity of factors is proposed as being reflected and made visible in the personal construction of meaning by the

individual. This approach gathers together the knowledge of previous paradigms, their facts and anomalies and unites them under the umbrella of a variable intervening between the self, society and the realm of experience. This variable is meaning which is perceived to form the sense of self. The conceptual schema is proposed as an explanation and understanding of suicide, its motivations, process and conclusion.

The presentation of the explanations of suicide and the proposed conceptual schema is organized into seven chapters. Chapter One is the introduction. Chapter Two presents a definition of suicide and the issues involved with definition, statistics and the cautions involved with the use of data. Typical models of investigation are outlined with the major conclusions resulting from research.

Chapter Three presents attitudes towards death including historical and religious viewpoints along with current perspectives, in light of their possible influence on the suicidal decision. These attitudes are perceived as filters which colour and influence, however subtle or articulated, the minds of both the suicide and the observer-enquirer.

Chapter Four presents the sociological, psychological and social-psychological theoretical paradigms on suicide. The major issues are reviewed and contemporary models are presented. The contributions of these perspectives to the developing body of information on suicide is acknowledged as well as the limitations.

Chapter Five consists of a review of self-theory. Aspects and viewpoints of the self are explored with a view to their contribution to the understanding and explanation of suicide. Particular reference is

drawn to the self-as-process as forming an intricate connection and motivation in the suicidal process.

Chapter Six proposes a conceptual schema of suicide. The schema is drawn from the accumulations of the knowledge and learnings of the paradigms and perspectives presented about suicide and self formulation. The proposed schema is an articulation of a social-psychological paradigm of suicide and illustrates the components perceived as integral to the process culminating in a suicidal crisis, a suicide decision and the act of suicide.

Chapter Seven outlines implications of this type of schema for the understanding of suicide, clinical application and clinical and empirical research.

CHAPTER 2

Survey of the Problem

A common, if not universal, reaction to suicide is the query, "Why?" Asked rhetorically or in the midst of anguish, the answers often fail to satisfy the inquirer. Zilboorg, in 1936, said, "It is clear that the problem of suicide from the scientific point of view remains unsolved. Neither common sense nor clinical psychopathology has found a causal or even a strictly empirical solution" (cited in Jackson, 1957). This statement echoed a similar account by Freud in 1918. Jackson (1957) notes that the most accomplished since Zilboorg's statement has been the blending of sociological and psychological viewpoints and the recognition that suicide is not a discrete entity. Motto (1979) refers to the multiplicity of factors involved in suicide and capsulizes the current position; because of the complexity involved, efforts to predict and explain suicide have not produced a generally accepted formulation although some persuasive concepts have been developed. He points to the necessity of an approach accounting for the bewildering array of biological, sociological and psychological influences as well as the troubling exceptions to the recognized universal characteristics of suicide.

Complex phenomena like suicide are not explained by single variable predictors. Some single factors, like age, sex, alcoholism and depression are highly correlated to the incidence of suicide but do not

explain the phenomenon or provide prediction of individuals. To understand the meaning and influence towards suicidal behaviour, conceptual accounting must necessarily reflect the interactions between and among a variety of factors of particular environments and particular individuals. Only in this way will understanding develop of the force of society and individual characteristics, in combination, on individual suicidal behaviour, revealing a process leading to the suicide decision and act.

The so-called universal characteristics of suicide and the uniqueness of each individual are both highly subjective, difficult to explore and not easily amenable to the empirical method. Given the very nature of suicide, completers are not available for investigation. Most investigations of suicide characteristics are of attempted suicides, and with high lethality, generalized to completed suicides. The few studies with data on completed suicides and on attempted suicides point out the differences and the danger of generalization. Maris (1981) believes this approach is how myths of suicide are generated. Maris (1981) and Motto (1974) detail exceptions of the generally held universal characteristics of suicide. The consistency of the exceptions negates universal categorization, hence another category of myth.

Definition of Suicide

Concern with understanding and the explanation of suicide necessarily requires a definition of what one is trying to explain. First, the terminology. The earliest usage of the word suicide is reported to be found in Sir Thomas Browne's "Religio Medici", written in

1635, published in 1642 (Alvarez, 1971). The Oxford Dictionary states that suicide was first used in English in 1651, six years after Donne's "Biothanatos", the first formal defense of suicide in English. The word suicide was derived from the Latin "suicidium", which is itself derived from the Latin pronoun for "self" and the verb "to kill". Even then the usage of the word was not common as Dr. Johnson's 1755 dictionary used instead such phrases as: self-murder, self-destruction, self-killing, self-homicide and self-slaughter (Alvarez, 1971; Farberow, 1975).

A proliferation of different definitions of suicide exist, ranging from the common use of the term to conceptual treatments. Confusion and continuing debate regarding the definition of completers, attempters and ideators centers on whether these groups are distinct and separate, overlapping, or represent different points on a continuum. Definitions of suicide must necessarily reflect this issue through a variety of dimensions of meaning. The issue of the inclusion of dimensions of meaning involves the proposition that definition and explanation modify each other. Douglas (1967) believes that to truly develop an understanding of suicide, one must begin with open-ended meanings of suicide and proceed to closure through understanding. "The best strategy in such scientific work is to develop observations, descriptions, definitions, measurements and theories simultaneously, each molding the other" (p. 380).

Douglas (1967) reviews six major dimensions present in definitions of suicide. Generally, these dimensions are all included in a variety of definitions in various degrees and combination, and tend to overlap.

1. Suicide involving the initiation of an act that leads to the death of the initiator. This may be an act that objectively places the individuals life in danger, not necessarily based on conscious intent or a knowledgeable decision. Initiation is a necessary component but it doesn't descriminate between suicide and accident.

2. Suicide involving the willing of an act that leads to the death of the willer. The willing of a deadly act, equivalent to the intention to kill one self is the most frequently given definition of suicide. It is often cited as necessary although insufficient. Others argue that it is not a necessary dimension, as "will" is unitary and integral to the self, and a unitary self cannot be against itself. It is also considered unnecessary when suicide is viewed as a victim of the self, when one knows one's behaviour is killing the self and wills to stop, but cannot, caught in passion and compulsion.

Those who accept the continuum relationship of ideation to completion, distinguish the position on the continuum in terms of the degree of lethality. Lethality is considered to be determined by the degree of intent to act in a manner leading to death. Intention and danger of attempt have not been shown to have more that a loose relationship although intent is present in some degree in those who do kill themselves. Intention as the core meaning of suicide involves willing and a decision based on expectations. This distinguishes between accident and suicide and may separate some attempters and completers on the basis of expectations providing motive to suicide as a manipulative means (attempt) or an end (completed).

3. Suicide involving the willing of self-destruction. It is argued that the unitary self cannot actually destroy itself as it is against its nature. Will as volitional and integral to the self is also considered a logical contradiction to self-destruction as one cannot will to non-will or act to non-act. These arguments have led to the long held belief that those who suicide are fundamentally mentally ill. Arguments in support of will in self-destruction come from Freudian instinctual theory and introjected conflict and from the concept of the duality of the mind and body. Suicide, considered as an act against the body producing body death, is logically consistent with will in suicide. With the mind-body duality in focus, suicide is seen as body destruction, not self-destruction. As such, will in suicide affirms the self and the will to live, not the denial of will. Schopenhauer (cited in Douglas, 1967) maintains that this position is quite logically possible and more so that this is likely even more logically correct. A variation of this view is the basis for Kelly's (1955, 1961) position on suicide. Further, additional perspectives involving this point are central to the writer's proposed conceptual schema of suicide.

Douglas' definitional dimension of the willing of self-destruction suggests the separation of will and self. He reasons that will in relation to the self becomes confusing, dependent on the theoretical assumptions regarding the function of self, ego and will.

> Many psychologists and psychiatrists, especially psychoanalysts, use the term "self" as a core term in their theories; but they have come to use "self" to mean very much the same thing the externalizing sociologists mean by it. An alternative term used to

mean much the same thing is "identity," which is what Erikson has called a "psychoanalytic sociological" term. Used in this sense, "self-destruction" (or "identity-destruction") becomes not only logically possible, but is frequently considered to be the primary factor in suicide.

The psychoanalysts do not consider "ego-destruction" to be any more logically possible than the philosophers and psychologists who used "self" to mean approximately the same thing as "ego" considered "self-destruction" to be logically possible. Their fundamental (largely implicit) assumptions concerning the adaptive nature of human choice have prevented their considering "ego-cide" of "ego-destruction" possible.

One type of psychological theory that has a great deal in common with psychoanalysis but which has partially broken through this conceptual barrier is existential analysis. In existential analysis an individual's existence covers not only will (or the fundamental choice functions) but also "self" (or "identity"); yet ego-initiated death, is considered to be not only possible but frequently actual (Douglas, 1967, pp. 371-372).

Douglas believes there is no contradiction between existence-destruction when existence includes will, choice and the ongoing experience of the willer. Suicidal behaviour is thus understood as adaptational on the basis of volition and choice.

The scope of this dimension of definition directs the pursuit of understanding suicide (as a goal of this work) to review self-theory and

culminates in the writer's proposed conceptual schema of suicide. The schema proposes that the concepts of will and self are essential and central to the definition and understanding of suicide. Within this schema will and self form the impetus and motivation towards suicide as a result of the self's experience when the impact of experience is considered in validational terms.

4. Suicide involving the loss of will. Douglas identifies the loss of the will to live in suicide in relation to depression. This relationship is based on the correlated incidence of depression and suicide and their similarity based on the common characteristics of: the inattention to life, the end of resources and the inability to choose.

5. Suicide involving the motivation to be dead. This motivation prompts the initiation of acts that lead to death which is similar to the intention to die. The difference is that intention refers to the cognitive relation and motivation refers to the affective association between the resulting acts and their consequences. Both definitions are multi-dimensional, they may co-vary independently with each other and to other variables and are extremely difficult to test.

6. Suicide involving the knowledge that the actions initiated will produce death. This dimension relates to the effectiveness of method, regardless of the reasons leading to the act or the motive as means (manipulative) or as end (death).

These definitional dimensions and justifications are applicable and integral to explanations of suicide, the understanding of the nature of suicidal behaviour, and the understanding of the nature of the self who engages in such activity. The brief definition, notwithstanding these

considerations, accepted for the purpose of this work and integral to the proposed schema of suicide will be suicide: self-imposed physical death.

Statistics of Suicide

Suicide is a rare event. National rates of suicide show considerable variation. Rate changes and year to year fluctuations, for both attempted and completed suicide, have been reported for various countries. Variations have been noted for overall rates and for sex and age specific rates.

Sainsbury (1979) reports rate decreases, for European countries 1961-1974, in Greece, Scotland, England and Wales, and increases in fifteen others, notably 30% increases in the suicide rate for Denmark, Hungary, Ireland, the Netherlands and Poland. Australian suicide rates for 1977 are similar to their 1955 rates, both being lower than their peak rate in 1965. A generally accepted average rate of completed suicide for the US, which is considered to be similar to Canada, has been 1 out of 10,000; 11 out of 100,000 (Stengel, 1963; Dublin, 1963).

McIntosh and Jewell (1986) in the US, 1933-1980; and Dyck, Newman and Thompson (in press) in Canada, 1956-1981, have completed similar studies and report generally consistent findings for the two countries. Both Canada and the US show an overall increase in suicide rates over the time periods studied.

Kreitman (1979) reports that throughout the world where reliable data are available, there has been a decrease in rates for the elderly and increased rates for younger people. He notes an almost universal

finding of increased suicide rates for females. This finding prompted the projective statements of Hirsch (1981) and Neuringer (1982) that the male-female sex differential in suicide rates will soon disappear. The more recent data of McIntosh and Jewell and Dyck, et al. contradicts these findings and predictions. Male suicide rates have shown a continuous increase while female suicide rates increased to 1971 and then began to decline. Male suicide rates were consistently greater than female rates. The rates for male older groups have been maintained and the rates for the younger groups accelerated to 1981 when the rates for all male age groups tend to converge. The rates for female age groups increased during the fifties and sixties, and since 1971 the rates for female age groups have declined. The increase of male and female rates since the fifties have been most dramatic for younger groups, males increasing faster, especially after 1971, when young females rates began to decline. The pattern of rates for sex and age are generally consistent across the continent, with the highest rates in western regions.

The pattern of increasing suicide rates from east to west, in Canada, remained generally consistent for both males and females through 1976 when the suicide rates for Quebec and the Prairies accelerated to their 1981 rate. The increase in rates was most pronounced in Quebec which had the highest rates in the nation in 1981 for both males and females, males showing the most dramatic increase. In 1981, the Prairie suicide rate for males matched the Quebec rate and the female rate was only slightly lower than the Quebec female suicide rate. Female suicide has not declined in Quebec as it has in other Canadian regions.

Alberta suicide rates, Figure 2:1, indicate a general increase in rates from 1960: 8.9 to 1980: 18.1 followed by a decline to 1985: 16.9.

Examination of Figure 2:2 reveals information regarding rates of prevalence and actual prevalence. The rate of suicide among the young, although increasing, is lower than rates for older groups and represents greater numbers, the greatest actual number of deaths occurring in the 25-29 and 20-24 age groups. Figures 2:1 and 2:2 illustrate year to year fluctuations, the general increase and sex and age specific differences of suicide rates in the Province of Alberta.

Data on attempts are problematic. Systematic records on attempts are infrequently kept. It has been suggested that the ratio of attempted to completed suicide occurs at a rate of 6-8:1 (Maris, 1981) or 10:1 (Farberow & Shneidman, 1961). Goldney and Burvill (1980) report that attempts have increased dramatically although some evidence suggests the rate of attempts has peaked or levelled. Kessler and McRae (1983) observed increased rates of suicide attempts for males.

Overall, sex, age, attemped and completed suicide rates vary within countries over time and between countries. A general trend (with noted variations) for North America appears to be an increase in the overall rate of attempted and completed suicide including specific sex and age patterns. Hypotheses generated to account for changes in rates are: the validity of statistics, the effect of social change, the changes in the availability of method and the provision of intervening services (Goldney & Burvill, 1980). A number of reports indicate that the rate of suicide has not been lowered, or that it cannot be demonstrated to be

Figure 2:1

Province of Alberta 1960-1985

Suicide Rates per 100,000 population by Year

Year	Rate	Year	Rate
1960	8.9	1973	13.1
1961	9.0	1974	16.3
1962	8.8	1975	15.8
1963	8.4	1976	16.9
1964	11.3	1977	17.9
1965	11.2	1978	16.5
1966	9.9	1979	15.4
1967	9.1	1980	18.1
1968	10.5	1981	15.9
1969	12.5	1982	16.2
1970	12.8	1983	17.8
1971	11.7	1984	18.0
1972	12.6	1985	16.9

Figure 2:2

Province of Alberta

1985 Preliminary Suicide Statistics

Suicides by Age Group

Rate/100,000 population

Age Group	Males	Females	Unknown	Total	Rate
5-9	1	0	0	1	0.6
10-14	2	1	0	3	1.8
15-19	24	7	1	32	17.1
20-24	46	6	0	52	22.2
25-29	44	14	0	58	22.3
30-34	33	9	0	42	18.9
35-39	29	10	0	39	21.3
40-44	30	11	0	41	30.3
45-49	16	11	0	27	24.5
50-54	19	5	0	24	23.5
55-59	18	3	0	21	22.6
60-64	11	2	0	13	16.3
65-69	6	3	0	9	14.5
Over 70	21	6	0	27	22.0
Total	300	88	1	389	16.9

lowered, despite the research or preventative programs implemented to that end (Farmer & Hirsch, 1980; Maris, 1981). This begs the question, would the rates be higher without the research or the programs? Data to answer this question are problematic if available at all.

The Collection and Application of Statistical Knowledge

Demographic statistics provide a major contribution to the information, knowledge and understanding of suicide. Statistical information has produced knowledge of suicidal behaviour by correlating incidence of suicide to populations according to a variety of factors including sex, age, region, marital status, economic conditions, religious affiliation, mental health, situational crisis and psychological indicators. Almost all knowledge has been produced from examining either the environment (social forces) or the individual (personal forces). The adequate understanding, interpretation and application of known statistical "facts" provides identification, prediction and ultimately suicide prevention, control and therapy. The study of suicide searches for regularities and commonalities among suicides to determine incidence, relationships and cause. Understanding, identification and prediction are based on the observation, description, definition and measurement of relationships among the identified commonalities and regularities. Prior established understandings shape this process of discovery and the results shape new understandings. These understandings range from descriptive demographics to conceptual theoretical treatises, frequently based on demographics. "The major bottleneck in suicide prevention is not remediation, for there are fairly well known and effective treatment

procedures for many types of suicidal states. The difficulty is in diagnosis and identification" (Shneidman, 1969, p. 41). A major difficulty for identification is the accuracy of statistical information which is essential to the development of accurate understandings and the application of that knowledge for continued identification, prediction and prevention.

Diggory (1974) extends cautions on the use of demographic correlates for the following reasons:

1. Demographic and statistical data influence attitudes. The interpretation of data may be misleading as statistics may produce attitudes of security or panic suggesting stable features which may in fact not be stable.

2. Particular features and facts, although correlated, may not be relevant to the prediction of individual behaviour, accounting for only a small part of the variance. Generally, the smaller the group, the likelihood of a larger amount of variance. It is important to remember that statistical correlation identifies association and not causation.

3. The replication of statistical data has been inconsistent and contradictory, and is therefore, unreliable.

Caution has also been extended by a variety of researchers who challenge the validity of statistics on suicide due to reporting and collecting procedures (Douglas, 1967; Goldney & Burvill, 1980; Maris, 1981). This caution and challenge stems from observations that suicide is often not reported as such, resulting in the fact that recorded suicide figures are understated. Estimates of under reporting vary.

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Dublin (1963) suggests completed numbers are understated by one-third and Seager and Flood (1965) suggest up to 50 percent. The problem of collecting accurate data is based on reporting that is considered inaccurate due to the following circumstances: fatal accidents and car accidents that are suicides (Farberow, 1973; Kaplan & Pokornay, 1976; Tabachnick, 1973), equivocal suicides and attempts to conceal the mode of death for insurance reasons or family attitudes when prevailing cultural norms are antisuicide (Douglas, 1967; Farberow, 1973). Further, many attempts go unrecorded entirely (Goldney & Burvill, 1980).

The reported rates of completed or attempted suicide are doubted to be true rates and the predictive capacity of these reported rates is questionable. Douglas (1967), considered to be the most outspoken critic of official statistics, argues that since suicide rates are based on official statistics of doubtful reliability and validity, their use for testing sociological theories explaining suicide is virtually useless and the explanations of suicide they support are meaningless. Ruzicka (1976), and Brooke and Atkinson (1974) support Douglas' argument. Sainsbury and Barraclough (1968), McCarthy and Walsh (1975), and Brugha and Walsh (1978) conclude that as under reporting is known and constant in any one country the changes in statistics accurately reflect changes in the true rate. They consider the true absolute rate not to be necessary for meaningful comparisons and critical interpretation.

Methods of Suicide Investigation and Assessment

Suicide has been examined and knowledge derived from demographic and empirical data, clinical experience, case study and theoretical

investigations of suicide. The identification of suicidal behaviour results primarily from correlational analysis and clinical experience.

Demographics and correlational analysis have been employed in both the environmental and individual difference approaches and each of these approaches has contributed to the understanding of relationships between a variety of variables and suicidal behaviour. Almost without exception, investigations of the individual difference type of variable have excluded environmental variables, and environmental investigations have excluded variables of the analysis of individuals. Only a small number of investigations have included both factors and the interaction between personal and social forces which is regarded as the major source of variation of suicidal behaviour (Braucht, Loya, & Jamieson, 1980).

Sociological, psychological and social-psychological approaches utilizing these methods have produced understandings of the relationships of specific variables to suicide and generalizations from these efforts have led to the further development of conceptual and theoretical frameworks. The understanding and prediction of suicide has utilized the findings of demographics, clinical experience and theoretical models to develop measurement tools aiding the identification of suicidal behaviour.

Assessment schedules, such as psychological autopsies are a form of measurement device most often applied to equivocal deaths. This process involves the search for antecedent events and the application of specific predictive scales to determine a judgement of suicidality. The development, application and efficacy of scales predictive of suicide

represents a major endeavor in suicide identification and prevention. The application of scales has been noted for determining equivocal deaths and other functions include their direct application to clinical patient care and therapy and "their usefullness to provide the methodological scaffolding for the construction of mathematical models of suicidal behaviours with direct application to the scientific study and evaluation of suicide prevention programs" (Litman, Farberow, Wold, & Brown, 1974, p. 141).

The dilemma of constructing scales to estimate suicide risk is that high risk issues of an individual (health) cannot be generalized to a large population, and high risk issues of a population (age) do not necessarily apply to the individual (Motto, Heilbron, & Juster, no date). Determining risk within large groups identifies long term predictive trends and is helpful for establishing preventative program needs and other long term projects. Determining risk within small high risk groups assists short term predictions of acute and imminent risk for individuals and facilitates intervention, treatment and the understanding of suicide.

Suicide within high risk groups is also a rare event and prediction scales have been developed to assist in the discrimination of high risk individuals and to distinguish between acute and chronic suicidal behaviour. An empirical model of two stage assessment has been suggested by Litman et al. (1974) based on assigning probabilities of risk to various behaviours and events. The first stage involves assigning risk on the basis of demographic variables which identify high risk groups. The second stage involves the use of psychological

predictors, and frequently, because of "the incompleteness of the knowledge about the suicidal individual . . . demographic predictors are used when psychological indicators are called for" (Lester, 1974, p. 82). Due to the lack of a generally accepted assessment tool a variety of scales have been developed in response to the problem of assigning risk in prevention services usually performed on the intuitive level. On clinical prediction, Lester (1974) states, "I am not sure that intuitive judgements are less accurate in the prediction of suicidal risk than the use of more objective data" (p. 81). The best prediction of a suicide risk scale is to assign individuals to a population of known suicide risk based on demographic correlates of incidence. "Scales are to supplement clinical judgement and should not override contradictory information. In some instances, risk assessment must be modified by the setting involved" (Motto et al., no date, p. 9). This caution is supported by Patrick and Overall (cited in Lester, 1974) who found that scales could not approach the level of accuracy achieved by simply asking the patient about suicidal concerns. "The gross limitation of assessment lies in the assessment of personality strengths which often contributes more to the outcome of a crisis than the pathological elements (Motto, 1974, p. 92).

Investigations of the usefullness of standard psychological tests for suicide prediction have been limited. No signs from TAT or Bender Gestalt have identified reliable differentiations, and the MMPI signs have not been replicated. In addition these studies were postdictions! (Lester, 1974). Specialized scales have been found to have higher

reliability and validity although findings of many studies are inconsistent and contradictory. The data predictors of one population may be limited for another population. There may also be a misleading result of analysis, in which the suicides that occurred were not directly related to the variables cross tabulated.

Contradictions between empirical studies and between empirical investigations and clinical experience perplex investigators and those who search for understandings of the 'causes' of suicide. Confusion regarding the interpretation, impact and contribution towards suicide of a variety of factors is illustrated by the experience of Motto and Murphy and recorded in The Prediction of Suicide, Beck et al., Eds.

> Some considerations take on compelling clinical significance, even though their statistical significance is negligible, or the statistical evidence appears contrary to clinical expectations. This is especially the case with negated stressful categories: for instance, steadily employed subjects with no loss of a significant person have nearly four times the rate of suicide . . . than those irregularly employed who do suffer such as loss . . . . Also, widows who feel they are a burden to others suicide less . . . than those who do not experience this feeling . . . . The observations of Litman et al. that no prior psychiatric experience, no current loss or threat, and no recent health problems all emerge as predictors in a negative form (Motto, 1974, pp. 92-93).

Further, it must be remembered that while the opposite of psychiatric illness (no psychiatric illness) is a virtual guarantee of no suicide, the same is not true for demographic predictors.

> The opposite of male (female) contributes 25 percent or more to the suicide rates. Persons under 45 comprise 25 per cent of suicides. Most easily overlooked of all is that a majority of suicides are married, not single, widowed, separated or divorced . . . . Clinical diagnosis plus demographic characteristics broaden the scope of risk detection, while sharpening its accuracy.
>
> But the combination of clinical diagnosis and demographic characteristics is still not enough. Only a fraction of those with affective disorders or alcoholism, even if older, male etc. will take their own lives (Murphy, 1974, p. 115).

A variety of measures derived from observation, description and empirical investigation have been developed in an attempt to discriminate among the many factors that may be suicidogenic in order to provide identification and prediction of suicidal behaviour. These measures have utilized correlational methods applied to both demographic and individual data. These measures have produced a variety of conclusions about relationships which must be subject to the scrutiny of reliability and validity for application and generalization to other populations. The accumulation of knowledge from these approaches has led to the assembly of known "facts" about suicide which encourage definition, generalization, understanding and therapy.

Major compilations of known facts of suicide have been provided by Shneidman, a leading figure in the investigation of suicide. In 1970, Fact and Fables of Suicide were presented in The Psychology of Suicide (Shneidman & Farberow, 1970). These facts and fables, in 1970 and now,

highlight myths about suicide. In 1984, Shneidman presented twenty aphorisms--essential truths--about suicide, and in 1985, a list of ten commonalities of suicide including a clinical response.

Figure 2:3

	Commonality	Clinical Response
1.	Stimulus: (unbearable pain)	Reduce the pain.
2.	Stressor: (frustrated needs)	Fill the frustrated needs.
3.	Purpose: (to seek a solution)	Provide a viable answer.
4.	Goal: (cessation of consciousness)	Indicate alternatives.
5.	Emotion: (hopelessness-helplessness)	Give hope.
6.	Internal attitude: (ambivalence)	Play for time.
7.	Cognitive state: (constriction)	Increase the options.
8.	Interpersonal act: (communication of intention)	Listen to the cry, involve others.
9.	Action: (egression)	Block the exit.
10.	Consistency: (with life-long patterns)	Invoke previous patterns of successful coping.

(Wiley, 1985, pp. 231-232)

Shneidman's aphorisms and commonalities, along with predictive scales and indicators of suicide seek to predict suicide from the sign approach, through the presence or absence of factors indicating the probability of suicide. They seek to determine if the individual is suicidal or not, or engaged in a suicidal crisis and decision. These

approaches do not identify the multiplicity and complexity of factors involved or the conditions under which suicide may result from the interaction of personal and situational forces as the end of a process.

Shneidman's aphorisms and commonalities of suicide represent a synthesis of clinical understandings and correlational data but lack a framework and level of abstraction that unites the truths forming a conceptual or theoretical explanation and understanding of suicide. Other models to be presented, derived from clinical experience, incorporate the aspects of process and the interaction of personal and environmental variables. These models provide an illustration of the process antecedent to and culminating in the act of suicide. They attempt to explain why individuals commit suicide.

Current Conclusions of Suicide Investigation

Demographic data, clinical experience, the development of scales and the assembly of truths about suicide have contributed to the body of knowledge and understanding of suicide. Assuming that there are some truths that can be discovered and understood, and these regularities have some basis in cause, albeit undiscovered, it is important to note the following regularities regarding the incidence. The following data are cited with reference to Canadian and American populations unless otherwise stated:

1) A generally accepted average rate of completed suicide per year has been 1 of 10,000 or 11 of 100,000 (Maris, 1981).
2) The Canadian suicide rate for 1985 was 12.9. The Alberta suicide rate for 1985 was 16.9 and the 1986 rate was 17.6 (Province of Alberta, Office of the Chief Medical Examiner, 1986; 1987).

3) Suicide rates have been steadily climbing (Dyck, et al., in press; Hellon & Solomon, 1980).

4) Suicide is virtually absent in the very young (Maris, 1981).

5) There has been an internationally noted increase in suicide by the young (Kreitman, 1979). In Alberta there has been a trend toward an increasing percentage of suicide deaths by those under 30 (Hellon & Solomon, 1980) with suicide among the younger age groups increasing faster than other age groups (Dyck, et al., in press).

6) There has been an internationally noted decrease in suicide by the elderly (Kreitman, 1979) which is consistent with the US (McIntosh & Jewell, 1986). A decrease in the rate for Canada, age 60+, was noted to 1971 followed by an increase to 1976 (Hellon & Solomon, 1980). A slight rate increase was noted for Canada, age 65+, (males higher than females) from 1976-1981. Generally the rates for the 55+ age groups remained stable, 1956-1981 (Dyck, et al., in press).

7) There is a general increase of completed suicide with age for both sexes, at least until middle age, after which rates decline into old age (Dyck, et al., in press; Hellon & Solomon, 1980; Jarvis, et al., 1976; Mar is, 1981; McIntosh & Jewell, 1986).

8) A direct linear relationship between suicide and age had been accepted (Hellon & Solomon, 1980; Maris, 1981) but with decreasing rates for the elderly and increasing rates for the young a bimodal distribution of suicide rates has been noted with peaks at ages 20-29 and at 50+ (Hellon & Solomon, 1980).

9) The peak in suicide rates is earlier for females than for males (Dyck, et al., in press; Hellon & Solomon, 1980; Jarvis, et al., 1976; Maris, 1981).

10) The prototypical suicide is the older white male (Maris, 1981).

11) The male to female ratio of completed suicide has been commonly reported as 3:1 (Maris, 1981). Some reports indicate that this ratio has decreased (Hirsch, 1981; Neuringer, 1982) and another report maintains the ratio has increased or remained constant in the US from 1971 to 1980 (McIntosh & Jewell, 1986). In Canada the ratio has increased (Dyck, et al., in press).

12) Sex ratios for suicide vary with specific age groups, the greatest ratio being for those under 25 (Dyck, et al., in press). An earlier study showed this group second, the highest ratio being for those over 75 (Jarvis, et al., 1976).

13) There has been an internationally noted increase in suicide by females (Kreitman, 1979). More recent studies indicate that female rates have decreased in both the US (McIntosh & Jewell, 1986) and Canada (Dyck, et al., in press).

14) 75% of completed suicides were first try (Maris, 1981).

15) 90% males completed on the first try, 45 years and up (Maris, 1981).

16) 40% completed suicides made previous attempt (Maris, 1981).

17) 10% attempters eventually complete (Maris, 1981).

18) Estimates of attempted suicide vary. Reported average rates of attempted to completed suicide have been 6-8:1 (Maris, 1981) or 10:1 (Farberow & Shneidman, 1961). Much higher rates have been

reported overall and for specific groups. The most significant factor is that the ratio varies greatly by sex and age so that an average overall rate of the ratio of attempted to completed suicide is misleading (Jarvis, et al., 1976).

19) Young females attempt suicide more frequently than males (Jarvis, et al., 1976; Maris, 1981).

20) Male attempts are on the increase (Kessler & McRae, 1983).

21) The peak for suicide attempts is much earlier for females than for males and the rate of attempts decreases with age for both sexes (Jarvis, et al., 1976).

22) Males use more lethal means. Fire arms are the number one method for male completers (Goldney & Burvill, 1980; Maris, 1981) whereas self-poisoning is the number one method for male and female attempters and female completers (Maris, 1981).

23) More than 3-4 attempts before completion is uncommon (Maris, 1981).

Indicators of suicide, such as Shneidman's aphorisms and commonalities have five direct theoretical implications:

1. Suicide is a movement from pain, rather than to death.

2. Suicide is a function of perturbation and lethality, with perturbation the driving force.

3. Suicide is characterized by a transient constriction of affect and intellect.

4. Suicide is a reaction to frustrated needs.

5. Suicide seeks an adaptive solution in cessation (Shneidman, 1984, pp. 322-324).

Maris' Pathways to Suicide investigates samples of completed suicide compared to attempted suicide and natural death. The results inventory more than a hundred propositions, of which, Maris considers thirty to be crucial. A significant insight resulting from this survey involves the characterization of attempted and completed suicide. Maris concludes that the characteristics usually attributed to completed suicide are more characteristic of attempted suicide. These characteristics are: coming from a broken home, early object loss, problem marriages, expressing sadness, failure, guilt, self-disgust, self-blame, deserving punishment, difficulty making decisions, irritability, crying, feeling unattractive, talking about death and multiple suicide attempts.

The major conclusions from Maris' study are presented as five theoretical propositions which direct attention to the areas considered most important for the understanding and control of suicide. The five propositions are:

A1) The taking of one's own life is directly related to the level of one's hopelessness and depression in managing the human condition . . .

A2) Suicide is inversely related to satisfaction with the human condition . . .

A3) Mutatis mutandis, suicidal hopelessness, depression, and dissatisfaction are directly related to use of lethal methods in attempting suicide . . .

A4) Suicidal hopelessness is directly related to repeated depression, repeated life failure, and prolonged negative interaction and social isolation . . .

A5) Repeated depression, failure, and negative interaction and social isolation are directly related to early trauma and to a multiproblem family of origin (Maris, 1981, p. 311-317).

Major implications and conclusions have been drawn about the definition, identification, prediction and control of suicide from the body of knowledge derived from demographic data, clinical experience, and the theoretical investigations of suicide:

1. The application of this knowledge, despite effort, has not reduced the rate of suicide. (Beck et al., Eds., 1974; Farmer & Hirsch, 1980; Goldney & Burvill, 1980; Maris, 1981).

2. The utilization of this knowledge has not enabled the prediction of the event of suicide for the individual. The best prediction of suicide is one of probability or degree of risk, made by assigning individuals to known populations of known suicide risk.

3. The identification of suicidal behaviour and the suicidal individual is primarily at the correlational level, relating incidence of suicide to: (a) demographic factors (age, sex, region); (b) known populations (attempters, hospitalized, economic status, religious affiliation); (c) certain conditions (alcoholism, depression, isolation); (d) specific individual characteristics (low self-evaluation, dichotomous thinking); (e) situational crisis (loss); and (f) indications of intent (verbal or gestural).

4. The identified regularities are not understood causally, if indeed they are relevant to cause.

5. Suicide is best understood as motivated by a multiplicity of factors and considered the end result of a process, rather than a discrete entity.

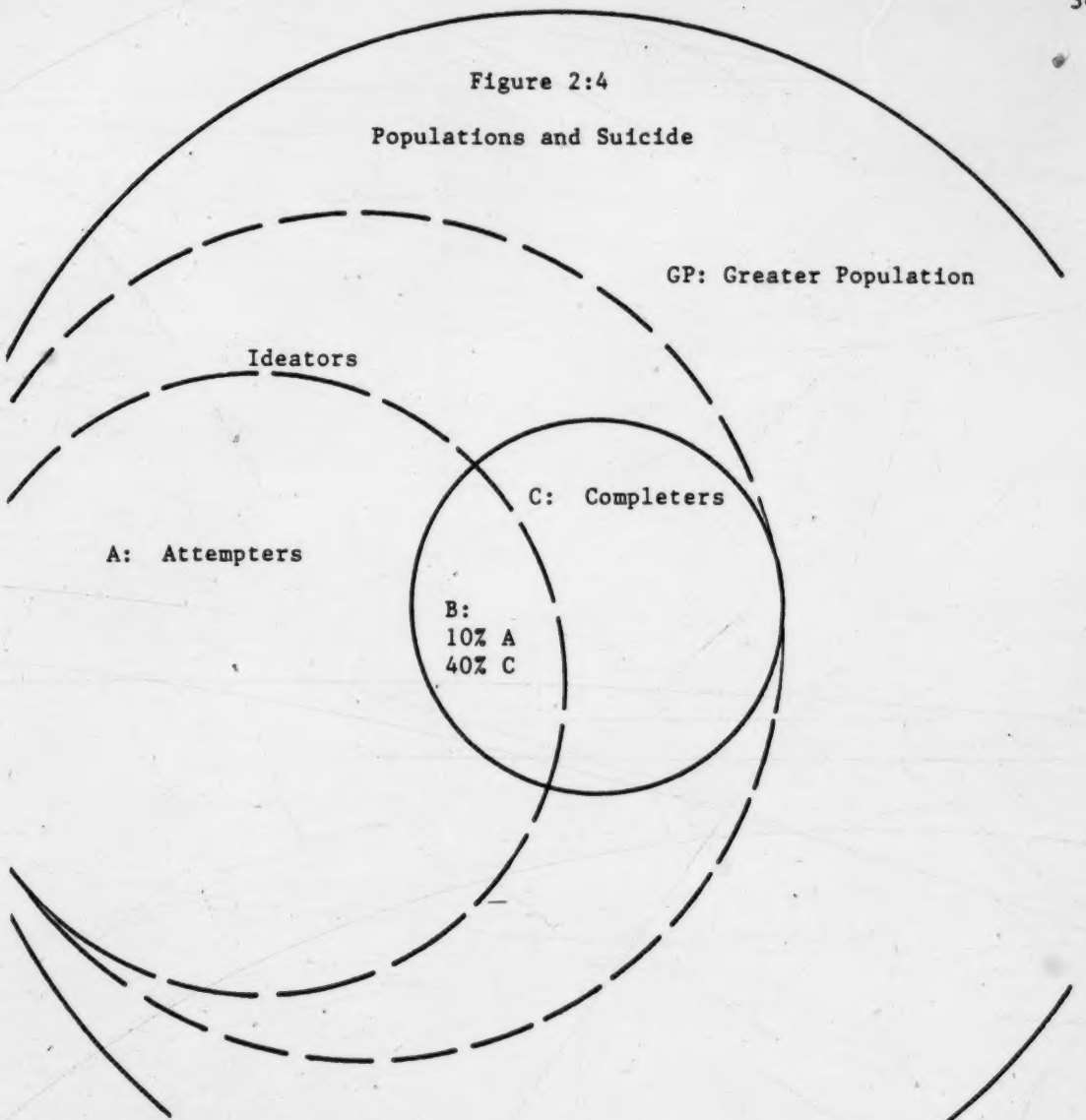
6. The process precipitating a suicidal crisis, decision and act will be revealed through the study of the interaction of personal and social forces rather than a study of those factors in isolation.

7. There is much to be done for the understanding, prediction and control of suicidal behaviour; "in spite of the prolificacy of the prior work, few major theoretical or methodological breakthroughs have been made in the study of suicide" (Maris, 1981, p. 4).

Neither the struggle with definition nor the accumulation of information and knowledge of suicide has produced a complete understanding of the phenomena. The next sections will examine the current accumulation of the understandings of suicide, first suicide in relation to attitudes about death and then understandings that have been developed by various theoretical perspectives as explanations of suicide.

Figure 2:4

Populations and Suicide



10% Attempters complete

40% Completers made prior attempt

75% Completers made one fatal attempt

90% Completers, male over 45 years, made one fatal attempt (Maris, 1981)

CHAPTER 3

Attitudes Towards Death

In the quest to understand suicide, awareness dawns that suicide is not simple, nor simply a time limited crisis response. It involves the suicides' entire personal experience, their socio-cultural milieu and their spiritual concerns, however termed or recognized in consciousness. The first wave of reaction and understanding of suicide is provided through perceptions of one's own and the suicides perceptions of life and death. The meaning and influence of these attitudes are deep and powerful, relating to one's personal philosophy of the meaning of life.

Suicide shocks and challenges individuals beliefs and levels of awareness. The subjective awareness of death is stimulated, and from one's attitudes towards death, so are beliefs of the meaning of life, death and suicide. The meaning of suicide is triggered initially at this primordial level. The relevance and contribution to the understanding of suicide of one's attitudes towards death is generally recognized. The recognition however, of the depth, power and range of these attitudes and their influence on perception, belief and behaviour is only beginning to be appreciated and studied as it relates to both the suicide and to those who seek to understand the nature of suicide.

Individuals' attitudes towards death are created through cultural practice and the adoption of philosophical and religious positions of the meaning of life and death. These positions have varied throughout

history and attitudes towards suicide have varied accordingly. Philosophical, religious and cultural attitudes push and pull individuals towards or away from suicide. Suicide results as a reflection of these positions generally, and occurs despite implicit or explicit codes against it. Religion and philosophy have addressed the issues of death and suicide throughout history. Choran (1967) believes mankind's early conception of death was of death as a separate thing and not recognized for its inevitability. When death's inevitability came to be accepted death was considered as a change in the mode of existence. Later on death came to be perceived as total annihilation. The discovery and meaning of death, considered either as a change in the mode of existence or as total annihilation produces attitudes that propel or prohibit the movement towards death. These attitudes also generate concomitant reactions to the concept of suicide, sanctions and retributions to the act of suicide and, concepts of the meaning of life which can be traced throughout philosophical, religious and cultural history.

Historical Concepts of Death:

A Change in the Mode of Existence or Total Annihilation.

Cultural Concepts of Death

Death considered as a change in the mode of existence and feared is seen in some primitive societies. This primitive fear revolved around the terror of spirits who had died unnaturally and willfully (murder) and particularly those who died by their own hand (self-murder). This was a horror of blood evily spilt and unappeased, a fear of the vengeful

dead. In contrast to this fear of the dead and death is the Viking's Valhalla, the paradise of those who died by violence. Only those who died by violence could enter and to die in battle was a great honour, suicide was next best. Those who died peacefully could not enter (Alvarez, 1971). This was also the philosophy of the Iglulik Eskimos (Maris, 1981). Alvarez (1971) also notes the customs of those who kill themselves to accompany others to paradise. Druids accompany friends, African warriors and slaves join their King and the bereaved wife joins her husband in Hindu suttee. Violent death and suicide sanctioned by religious rites and cultural honour were also noted in Aztec sacrifice and by the ancient Scyhthians who regarded suicide an honour when they become to old to continue their nomadic way of life. Maris (1981) notes the Yuit Eskimos who considered suicide as the result of poor health or in the effort to magically save the life of an ill son. Yuit suicide was a group activity initiated following the request of the intended suicide. Similarly the physically infirm and the elderly Gisu of Uganda were expected to suicide. Suicide was also expected as the honourable thing in certain cultures when fundamental rules and taboos were violated as was the case in Trobriander culture. Tikopian suicide on the other hand results not as an honoured and favoured way to paradise or the expected behaviour of the physically infirm or taboo violaters, it simply anticipates the inevitable (Maris, 1981).

Philosophical Concepts of Death

In philosophy, the concept of death as a change in the mode of existence is illustrated by Plato, who viewed death as the liberation of the immortal soul from the body. He viewed the body as an obstacle to

the attainment of true knowledge. For Plato, the philosopher in search for truth longs for the liberation of his soul and rehearses dying and the state when his body is out of the way and his soul is free. In this way the individual is familiar with death and not afraid of dying (Choran, 1967). Regarding suicide, Plato utilized the example of the soldier on guard duty who must not desert his post and the concept of man as property of the Gods who are angry as suicide. Aristotle used the same argument and extended it to say suicide was an offense against the state, an act of social irresponsibility. The classical Greek attitude towards suicide was a calm reasonableness. Plato and Socrates'

> reasonable tone repudiates suicide, yet at the same time makes death seem infinitely desirable; it is the entry to the world of ideal presences of which earthly reality is a mere shadow . . . Plato also allowed for moderation in another sense. He suggested that if life itself became immoderate, then suicide became a rational, justifiable act. Painful disease or intolerable constraint were sufficient reasons to depart. (Alvarez, 1971, p. 78)

Plato and Descartes, fearing physical death, wrote on the immortality of the soul. Most philosophers considered the fear of death to be a basic human fear and their work attended to the resolve of this fear: "There is nothing more real than death nor more terrible" (Pascal, cited in Choran, 1967, p. 63). Epicurus considered the fear of death and the gods to be mankind's greatest afflictions. His efforts were extended to overcoming the fear of death which he resolved by

asserting that the soul is mortal and dissolves upon death proving there can be no pain and suffering in death, that "death is nothing to us". This solution was effective for dealing with the fear of the hereafter and the Gods more so than dealing with the fear of ceasing to exist. In contrast to Plato, Descarte and Epicurus were others, such as Hume and Hegel, who, fearing death yet accepting the concept of imminent dissolution wrote rebuttals to the doctrine of the immortality of the soul.

The Stoics' beliefs were similar to the Epicureans who treated death with indifference, "death matters not". The Epicureans and the Stoics approached death and philosophy as a mental discipline towards the attainment of indifference to pain and to death (Choran, 1967). Both also claimed to be equally indifferent to life. For the Stoics the ideal was of life in accord with nature. When life was no longer in accord death came as a rational choice consistent with the way of nature. The issue was no longer whether to kill oneself but how to do so with dignity and style. For the Romans one's manner of death became a test of virtue and validation. The way of dying mattered intensely, to live nobly also meant to die nobly at the right moment. The Greeks removed the horror and moral evil from suicide and discussed it rationally. The Stoics added an element of indifference and irrelevance of concern with their nature analogy and the Romans extended this to high fashion and as a sporting occasion for the upper classes. Thousands died for Roman sport and entertainment for a fee paid to their heirs or as the result of the persecution of the Christians. Death was casual, public and unimportant (Alvarez, 1971).

Epicurus' philosophical resolve of the fear of death as indifference and the fear of the gods through imminent dissolution was practiced by the Stoics and Romans in a manner of casual bloodlust. Philosophically in later times the fear of death was also expressed as indifference. For Spinoza, indifference was the way to master the fear of death, and for Sartre, the freedom was not from death but the freedom to despise death. Feelings of the meaningless of life and the vanity of existence promoted by the concept of death as total annihilation, casual and unimportant, shifted the discourse from death to an examination of life. The possible meanings of life in the face of total annihilation in death was an avenue of consideration for a variety of philosophers in many different periods. Considerations of death as a study for dying was suggested by Plato as a rehearsal to remove the fear of death. The study of life as a study for dying was evident in the Stoics application of the nature analogy to human life. The existentialists that followed embraced life in death. They perceived an awareness of death as a means towards the meaning of being giving a fullness to life.

From Plato and Epicurus we see the two major basic positions of the concept of death that have been utilized throughout history; death as a change in the mode of existence or total annihilation. The philosophical positions that followed, and the prevailing religious positions either extended these concepts or shifted the emphasis while retaining the basic thought.

Religious Concepts of Death

The early religious concept of death is evident by the early Christians who viewed life as unimportant or as evil. Death was a welcome release. Like the Romans, indifference and casual death was also the attitude of the early Christians but with an altered perspective. They did not fear the after life of the Gods.

> Christianity which began as a religion of the poor and rejected took that [Roman] bloodlust, combined it with the habit of suicide, and transferred both into a lust for martyrdom. The Romans may have fed Christians to the lions for sport, but they were not prepared for the fact that the Christians welcomed the animals as instruments of glory and salvation. (Alvarez, 1971, p. 84)

In comparison, even the most stoical Roman had suicided as a last resort when life had become intolerable. Early Christians held life as intolerable regardless of its conditions. Death brought a change in the mode of existence, to salvation. The early Christian teaching was an inducement to suicide and was further encouraged by posthumous glory as the martyrs were named and celebrated. Martyrdom also came with redemption wiping out previous transgressions. The suicide mania provoked St. Augustine

> into arguments to prove suicide to be a "detestable and damnable wickedness", a mortal sin greater than any that could be committed between baptism and a divinely ordained death . . . . The first of the arguments he used was derived from the sixth commandment, "Thou shalt not kill". Thus the man who killed himself broke this commandment and became a murderer. Moreover, if a man killed

himself to atone for his sins, he was usurping the function of the State and the Church: and if he died innocent in order to avoid sin, then he had his own innocent blood on his hands-a worse sin than any he might commit, since it was impossible for him to repent. Finally, Augustine took over Plato's and the Pythagoreans' argument that life is the gift of God and our sufferings, being divinely ordained, are not to be foreshortened by our own actions; to bear them patiently is a measure of one's greatness of soul. Thus to take one's own life proved that one did not accept the divine will.

Augustine's large authority and the excesses of the presumptive martyrs finally swung opinion against suicide. In AD 523 the Council of Orleans denied funeral rites to anyone who killed himself while accused of a crime. And in doing so, they were not merely following Roman law which had been formulated to safeguard the State's rights to the suicide's inheritance. Instead, they were condemning suicide both as a crime in itself and also a crime more serious than others, since ordinary criminals were still allowed a properly Christian burial. Thirty years later this seriousness was recognized without qualification by Canon Law. In 562 at the Council of Braga funeral rites were refused to all suicides regardless of social position, reason or method. The final step was taken in 693 by the Council of Toledo, which ordained that even the attempted suicide should be excommunicated.

The door had slammed shut. The decent alternative of the

Romans, the key to paradise of the early Christians, had become the most deadly of mortal sins. Where St. Matthew recorded the suicide of Judas Iscariot without comment- implying by his silence that it in some way atoned for his other crimes-later theologions asserted that he was more damned for killing himself than for betraying Christ. St. Bruno, in the eleventh century, called suicides "martyrs for Satan" and two centuries later St. Thomas Aquinas sealed up the whole question in the Summa: suicide, he said, is a mortal sin against God who has given life; it is also a sin against justice and against charity. Yet even there, in what was to be the centre of Christian doctrine, Aquinas takes his arguments from non-Christian sources. The sin against God derives ultimately, like Augustine's similar argument, from Plato. The sin against justice--by which he means the individual's responsibilities to his community-harks back to Aristotle . . . .

But however un-Christian the sources of the arguments, suicide became, in the long, superstitious centuries between Augustine and Aquinas, the most mortal of Christian sins. Augustine had attacked suicide as a preventive measure: the cult of martyrdom had got out of hand and was, anyway, no longer relevant to the situation of the Church in the fourth century AD. Moreover, it was an offense against that respect for life as the vehicle of the soul which was the essence of Christ's teaching; to love one's neighbor as oneself makes no sense if to kill oneself is also permitted. Yet the fact remained that suicide, thinly disguised as martyrdom was the rock

on which the Church had first been founded. (Alvarez, 1971, pp. 88-90)

Summary: Historical Concepts of Death

Concepts of death propel or prohibit the movement towards death and suicide. The concept of death as a change in the mode of existence has been the view of a variety of cultures and alternately, feared or embraced. Specific cultures advocate suicide as either the way to paradise or as the expected behaviour when elderly, ill or when taboos have been violated. In philosophy, Plato viewed death as a desirable change in the mode of existence while simultaneously fearing death and the gods. Philosophically Epicurus resolved the fear of death as indifference and the fear of the gods through the concept of dissolution or total annihilation. Following the philosophy of either Plato or Epicurus and with extensions of their positions, the Greeks, Romans, Stoics and Epicureans fostered the acceptance of suicide when situations and life became intolerable. This permission was extended to the educated upper classes and not to the lower classes of slaves, soldiers or those accused of crimes. Suicide for this group remained an offense against the state and against God.

The religious position was of death as a change in the mode of existence and the early Christians practiced suicide. Death was casual and common place but with a difference in comparison to those Greeks and Romans who feared the gods. The early Christians did not fear the gods and viewed death as a release to salvation. Suicide as martyrdom was attacked initially by St. Augustine and later by St. Thomas Aquinas who swung the opinion against suicide on the basis that suicide is a sin

against God and justice. These arguments date back to Plato and Aristotle and begin the debate of individual responsibility.

The philosophical positions of death by Plato and Epicurus are the two major concepts of death; as a change in the mode of existence or as total annihilation. Combined with the evolved religious position on the damnation of suicide, suicide became a horror, a crime and a moral sin. This attitude has essentially been maintained from that time to our own with however, continual moderation.

Historical Retribution and Reaction to Suicide

The pronouncements on the meaning of life, death and suicide from philosophy, religion and cultural practice influenced the attitudes toward suicide and the retribution meted out to the survivors of suicide, both attempters and the suicides family.

In Athens where suicide was tolerated, the corpse of the suicide was buried outside the city, its hands cutt off and buried separately. Among the Romans, where suicide was also tolerated, Roman Law provided no degradation or punishment for suicide among the upper classes. However, suicide was a crime for the lower classes. In primitive societies the fear of the dead produced a complex array of taboos as a protection against the feared disembodied spirits. Fedden (cited in Alvarez, 1971) notes evidence of primitive taboos and purification rituals associated with suicide which were appropriately modified and repeated as Christian retribution or revenges.

In Elizabethan times the suicide was drawn by a horse to the place of punishment and hung on a gibbet. Burial was at a crossroads, a stake

was driven through the body and a stone was placed on the face to prevent the ghost from rising and haunting. The crossroad was chosen as the site of burial in the hope that traffic would prevent the restless spirit from rising and alternately that should the ghost rise the number of paths would confuse and hinder the ghost. With Christianity the cross became a symbol that would disperse the evil energy of the suicide. With variation such degradations were practiced throughout history. The revenges were duly dignified by religious attitude and the state of law made the revenges economically profitable. The suicide's property was confiscated in addition to the degradation of the corpse and the loss of title or defamation of the suicides name. These laws slowly disappeared over time. The law of the confiscation of property disappeared in France in 1770 and in England in 1870. The unsuccessful suicide could be sent to prison in England until as late as 1961 (Alvarez, 1971; Farberow, 1975). Suicide remained a criminal offense in Canada until 1971.

Shifting Historical Concepts of Death and Suicide

The concepts of death as a change in the mode of existence or as total annihilation have essentially remained unchanged in history with shifts embracing instead the meaning of life and the moderation of attitudes towards suicide. This shift from death to life began with philosophical challenges to the religious position of eternal damnation of suicide and a shift in attitude towards religion itself.

During the Renaissance and Reformation the individual began to emerge from the group as Luther and protestantism caused a shift from obedience to the religious doctrine to personal inquiry and personal

responsibility. With this shift to inquiry suicide become a possible topic again, and was discussed rationally, the first time since the ancient Greeks. During the Renaissance, philosophy and literature documented the despair, melancholy and preoccupation with death characteristic of the period. The church was challenged on its position regarding suicide. The educated classes tolerated suicide while the churches position remained entrenched among the lower classes. The first suicide theory separate from the morality of ethics and religion emerged as Merian in 1763 stated suicide was not a crime but an emotional illness (Farbrerow, 1975). This was the first medical and scientific position on suicide.

Hume wrote the first english defense of suicide illustrating the eighteenth century rationalists' belief that it was absurd to inflate a trivial private act into a crime. The increased tolerance of suicide began in the eighteenth century continued into the nineteenth century as religious and social forces began to lose their effectiveness. The focus had shifted from a moral and religious perspective to material values and the logic and rationality of science. Secular law reflected these changes with the abolishment of laws prescribing desecration of the corpse, forfeiture and incarceration. A moral revolution had taken place as suicide was beginning to be seen as removed from the world of taboos, religious condemnation and legal retribution.

Most philosophers had considered the fear of death to be a basic human fear. The fear of the inevitableness of death was a fear to be mastered and death accepted. Existential philosophers added that

through the awareness of death comes the meaning of life. The central tenet evolved from the intertwined philosophic and religious tradition is the view that suicide is the refusal to accept the terms of the human condition, one of the most basic terms being the necessity of death. The contradiction of suicide in performing the refused acceptance of death has been viewed as an irrational escape into fantasy and denial of reality or as attempt to usurp the gods, again an irrational attempt of symbolic survival or maintaining control. The flight or escape from life in suicide is alternately viewed not as the refusal to accept the basic conditions of life but rather the refusal to accept the responsibility of life. Existentialists persuade that through the acceptance of the responsibility of living, preparation for death results and meaning is given to life. The constant struggle to overcome obstacles, solve problems and conflicts constitute the acceptance of responsibility, the meaning of life and the preparation for death. This preparation validates the meaning of existence through responsibility and functions as a countermand to the meaninglessness of life implied by the view of death as total annihilation.

Regarding the fear of death, Alvarez states, in a footnote in The Savage God,

> We should be aware of projecting our own anxieties on to other periods. The idea of death as an unmentionable, almost unnatural, subject is a peculiarly twentieth century invention. What was once public, simple and commonplace has now become private, abstract and shocking, a fact almost as furtive and secret as sex once was to the Victorians. (p. 71)

The fear of death and the gods produced two major meanings of death: either as a change in the mode of existence or as total annihilation. These meanings of death, throughout history, either provided sanctions towards suicide for certain cultures and to certain groups within cultures or retributions for suicide. The arguments for sanction or retribution evolve from philosophic and religious positions which deal with the ultimate issues of life and death and provide first and last the justification and maintenances of social order. Religion and philosophy articulate the cultural belief system and the way cultures' central values and beliefs are enforced through rituals, ethics and legal systems.

Along with establishing positions regarding the fear of death and the meaning of death and suicide religion and philosophy have evolved concepts of the meaning of life. The concept which provides current cultures' concept of the meaning of life, and concomitantly weighs against suicide, began with the philosophy of Plato and Aristotle. The concept was expanded by the religious position of St. Augustine and later, it became culturally entrenched through the philosophies that followed and the advent of science. This concept is the doctrine of responsibility.

Religion and Responsibility

The central tenet evolved from both religious and philosophical traditions that the conditions of the human condition are to be accepted has been subject to analysis from religious and cultural perspectives. Heard (1967) categorizes the great religions of the world, Christianity

and Buddhism as life-denying. This position is taken from the view that these religions are religions of private conscience only accepting life through the tribulations of responsibility and not truly accepting the conditions of human existence. Christianity does not advocate simply accepting or bearing life's privations but prescribes responsibility achieved through overcoming conditions, specifically sin. To reject this responsibility is to be condemned to eternal damnation. Buddhists also ascribe responsibility which is achieved through the development of harmony, specifically through the mind and particularly involving the control of physical desires. In either case the nature of the human condition is denied full acceptance.

In contrast to Heard's categorization of both eastern and western religions as life denying Albert Schweitzer (cited in Heard, 1967) categorizes the western religions as life accepting and the eastern religions as life rejecting. Other analyses view some branches of Buddhism as life rejecting and others life accepting. One life rejecting branch is evident as the Theravadian Buddhists' doctrine of the an-ata. This doctrine suggests that individuals live in pain which may be stopped by halting involuntary feeling, blowing out all desire. Similarly, the Jains, another life rejecting branch, taught that all action produced suffering and all deeds produced evil karma. Therefore, abstain from all deeds and keep detached. The body, action and desires, if not evil, were to be harnessed and well trained. This was practiced as holy selfishness. The training of the body and the control of the desires of the flesh through mortification was practiced by early Buddhists and by early Christian sects.

The branches of Buddhism considered life accepting are similar to Brahmanism and search for harmony within, through the integration of the mind-body. This was practiced as the development of the mind through alterations of consciousness by Mahayana Buddhists and later, through the merging of branches, by Lamaistic Mahayana Buddhists. The life accepting branches, focussing on harmony as the discovery of the "beyond within" has been criticized for a lack of social conscience. Regardless of the categorization as life denying, rejecting or accepting Buddhism does not advocate suicide. Early interpretation and practice allowed honourable suicide in certain circumstances. Later interpretations do not sanction suicide. Buddhism like Christianity and existential philosophy advocate the acceptance of responsibility that life offers. This responsibility is expressed throughout their respective doctrines. Christianity, and in a modified sense, aspects of the Hebrew faith, view individuals as being placed on earth to carry out some divinely ordained mission forming a special conception of the sacredness of life. Suicide represents a rejection of this responsibility (Heard, 1967).

The Fear of Death and Responsibility

Antidotes to quell the fear and certainty of death were formed by religions and in philosophy. Philosophical antidotes took the form of meditations on death and these deliberations produced the doctrine of the immortality of the soul. The religious antidote to the fear and certainty of death is found in the conceptions of an after life. Not all conceptions of an after life are optimistic. Some early conceptions viewed after life as an exile to the "shadows of the bowels of the

earth". Other early conceptions of a positive after life believed this state was limited to a blessed few. Qualities and conditions of admission varied throughout cultures. The Vikings' Valhalla permitted entrance to those of violent death. Other beliefs allowed entrance only by divine right to those such as Kings. Early Christians believed access was limited and later, admission was gained through the participation in the sacraments of religious life and later still the belief emerged that an after life was an attribute of each and every soul. From this emerged the concept of types of after lives available to each and every soul. The acceptance and performance of responsibility creates the certainty of a positive after life, conceptualized as heaven. This also carries a caveat of the acceptance of God as Saviour. The rejection of responsibility, such as suicide, creates the certainty of a negative after life, conceptualized as hell. The religious after life antidotes to the fear of death function to enforce religious values and practice and do not necessarily function to quell the fear of death, the fear of after life or the fear of God.

Other religious after life concepts may be grouped using a broad and simplistic categorization to include reincarnationists, representing eastern religions, spiritualists and others espousing a continuing consciousness. This group accepts the concept of a physical and spiritual duality where spiritual energy or consciousness passes through cycles of birth, death and rebirth. The spiritual energy, spirit or soul is similar in conception to philosophies doctrine of the immortal soul and Christianity's immortal soul which merges with the divine source after death. The reincarnationists share beliefs with philosophy

and religion on the acceptance of responsibility, and along with religion penance for not accepting responsibility. These teachings are illustrated by the Upanishads.

Bondage To Rebirth

> As man's desire is, so is his destiny. For as his desire is, so is his will; and as his will is, so is his deed; and as his deed is, so is his reward, whether good or bad.
>
> A man acteth according to the desires to which he clingeth. After death he goeth to the next world bearing in his mind the subtle impressions of his deeds; and, after reaping there the harvest of his deeds, he returneth again to this world of action. Thus he who hath desire continueth subject to rebirth.
>
> Brihadaranyaka Upanishad

Freedom From Rebirth

> He who lacketh discrimination, whose mind is unsteady and whose heart is impure, never reacheth the goal, but is born again and again. But he who hath discrimination, whose mind is steady and whose heart is pure, reacheth the goal, and having reached it is born no more.
>
> Katha Upanishad
>
> (Evans-Wenz, 1960, p. xii).

For some individuals, the concepts of an after life are "concrete beliefs", for others these concepts are considered symbolic, and others repudiate such concepts and question how beliefs in an after life

persist despite all evidence to the contrary. The latter is the position of science and technology which heartily denounces the concept of an after life and promotes the view of death as total annihilation. These after life antidotes to the certainty of death are juxtaposed with the life denying premise of personal conscience and the acceptance of responsibility to master life's pain and burdens. Generally the philosophic position of the acceptance of responsibility which religion couples with the threat of penance, if rejected, prohibits and inhibits suicide. However, denying worldliness, the passions of the flesh and rejecting responsibility while maintaining the notion of some positive after life existence may facilitate suicide. The rationale is that when the body is a dwelling place the burdens and responsibilities of life may be abandoned along with the body for a more desirable other world existence. Suicide may occur despite implicit and explicit religious codes against it. With reduced religious presence and the increased importance of science and technology the scientific attitude towards death as total annihilation has gained prominence in contemporary culture. The view of death as total annihilation comes with no prohibitions, inhibitions or threats of penance if the responsibility of life is escaped in suicide. Only the fear of death accompanies this view. Hoeller (1973) suggests that the decline of death as a meaningful event in moral terms may increase the fear of death.

Concepts of death and the fear of death are influenced by religious, philosophical and scientific views. Another phenomenon is also reported to intervene, influence and alter individuals conceptions and attitudes towards death and the fear of death. This phenomenon is

the occurrence of near death experiences, NDE's, preserved in literature and folklore from the past and supported by recent investigations (Greyson, 1986). Investigations of NDE after attempted suicide report that the profound subjective experience occurring during individuals' close encounter with death (which are noted to be characterized by transcendental or mystical elements) have for those experiencing them, strongly reduced suicidal ideation, despite the "romanticism" of death. This romanticism is of death, once again seen as a change in the mode of existence. This is 'romanticism' when viewed against death as total annihilation. The experiential phenomenon of NDE occurring for those who previously held a view of death as total annihilation drastically alters their prior conceptions (Greyson, 1986; Ring & Franklin, cited in Greyson, 1986). That one third of all those experiencing a close encounter with death experience a NDE, or that eight million adult Americans have experienced this phenomenon becomes a significant insight of another of American cultures attitudes towards death with a subsequent influence on suicidal behaviour (Greyson, 1986).

The Fear of Death: Denial or Acceptance of Responsibility

Although secular structures are gaining prominence in contemporary culture, religious and philosophic positions and their attitudes towards death remain a base upon which cultural attitudes towards death are formed. Generally, contemporary society is claimed to hold a widespread attitude of the denial of death. Parsons and Lidz (1967) challenge this view claiming that contemporary culture reflects not a denial of death but an acceptance based on instrumental activism, an orientation

dedicated toward controlling the adventitious components of death. They view culture as accepting the core inevitability of death and what is seen as denial is towards premature death, deliberately imposed death and the pain that death may entail. The acceptance of the importance of controlling aspects related to death is viewed as the acceptance of responsibility. This reflects an attitude of the sanctity of life and relates integrally with the contemporary stress on the importance of individuality. Individualism, rather than promoting permissiveness or self indulgence encourages a sense of responsibility to the self, private conscience and to society. Religious themes underlie this notion and the resulting sentiment that, generally, an individual may not take his own or the life of others. In earlier western culture suicide was reacted to negatively and the attitude was enforced with severity. The suicide was denied religious rights and faced legal retribution. These attitudes have altered with cultural movements stressing the rights of the individual. Basic social attitudes have changed and the individual is considered to be responsible and autonomous, holding some kind of right to make all personal decisions including the right to take his own life under special circumstances. This increases the risk of suicide as religious, legal and social attitudes are more charitable. Responsibility involves the discouragement and prevention of suicide in line with the attitude of controlling the adventitious aspects of death. Responsibility assumes rationality and suicide is often assumed irrational allowing responsible dissuasion to take many coercive forms.

Suicide and Responsibility

An aspect of cultures current view towards accepting the responsibility of controlling death is derived from an association with suffering and violence. Death becomes one extreme of ultimate severity and the polarity becomes the ultimate release from suffering. Again, in line with instrumental activism and the control of the adventitious aspects of death, the role of personal conscience and individualism permits a conditional concession and acknowledgement of suicide as a release from the sufferings imposed by the vissicitudes of life. Suicide becomes a permissible although not encouraged escape from suffering, the intent being cessation. Suicide represents, from this point of view, not a rejection of responsibility but an escape from pain.

The shift away from morals and individual ethics (philosophical and religious) as the attitude regarding suicide began with the challenge to the religious position of eternal damnation for suicide and continued with the shift from religious obedience to the rise of personal inquiry and personal responsibility. The shift away from morals and individual ethics was also promoted by Morselli and Durkheim through the use of statistics to analyze suicide as a social phenomenon. The issue of individual morality became a medical, scientific and societal problem. Rationality and science challenged faith and religion with sciences emphasis on the provable dimensions of physical death, discouraging beliefs in an after life and encouraging the concept of death as total annihilation or the cessation of all bodily functions. With the view of death as total annihilation Alvarez believes the modern tolerance of

suicide is really indifference. This belief is based on his view that without religious and ethical condemnation, suicide is no longer a moral issue, the "soul" becomes a non-issue and thus "modern suicide has been removed from the vulnerable world of human beings and hidden safely away in the isolation wards of modern science" (Alvarez, 1971, p. 93).

Indifference also finds its way into the modern attitude from another source. When individuals and societies make autonomous decisions and act upon these decisions with responsibility and a desire to control the adventitious aspects of death, and death occurs, judgements follow regarding responsibility, usually referred to as blame. The refusal to place, accept or bear the burden of blame leads to indifference; indifference to others pain of living and of death. This is a harsh criticism of current societies attitudes towards death and the pain of life experienced by a suicide. The felt indifference of current culture finds its roots in the fear of death with the modern addition of the fear of pain. Indifference combined with the view of death as nothingness propells individuals to view suicide as an escape from pain in cessation.

Suicide and Cessation

Suicide as an escape from unendurable pain to nothingness, cessation, has been studied as a concept of death and reported for both suicide completers and attempters. Shneidman (1976, 1984, 1985) believes the idea of cessation or stopping consciousness to end unendurable pain is a prime factor in suicidal motivation. Shneidman (cited in Hoeller, 1973) believes that cessation becomes on option for

individuals because they have romanticized notions about death as heroic or the promise of something better. Maris' (1981) study included death concepts relating to religious and secular viewpoints and the subjects' attitude towards suicide in relation to these concepts.

Figure 3:1

Concept of Death (% yes)	Natural Deaths	Suicide Attempters	Suicide Completers
Escape from pain or suffering	51	68	82
Punishment for self,damnation	5	23	9
Revenge on someone else	2	16	25
Nothingness, the end of it all	34	59	45
After life, not the end	63	54	59
Talked about frequently	19	33	18
Dreamed about	12	41	45
Frightening	23	42	14
Other	68	67	22
Total	N=71	N=64	N=266

(p. 258)

Maris' (1981) data indicates that suicide completers view of suicide as an escape from pain is significant. Maris' data also indicates that suicide completers were less frightened, talked about suicide the least, and expressed a mixed view (within themselves or within the group is unknown) of after death, as either cessation or not the end. They did not view damnation as very relevant.

The intent of cessation as a concept of death has been examined through lethality scales, measuring the suicidal or non suicidal outcome

as a function of a variety of contingencies and their combined effect. Such contingencies include the availability and efficacy of method, the physical isolation at the time of the act providing the possibility of rescue, the specificity of ones plans, the amount and kind of stresses or losses experienced, the degree of hopelessness and previous attempts, if any. A variety of lethality measures have been developed to assess intent and assign probability to the risk of success. These instruments may be clinically useful in acute suicide prevention. They do not advance the the understanding of the role and contribution of complex attitudes towards death or provide prediction and identification of the 75% of first try completers, who are not afraid of death and do not, as frequently as the myth suggests, indicate their intentions.

Concepts of Death and Suicide Research

The actual relationship between suicide and religion is vague or unknown. Very little data has been collected on religious affiliation, practice and beliefs in relation to suicide. Maris' 1981 study is a unique attempt to examine data relating a number of concepts of death to suicide. Much other data on the relationship of religion and suicide is of questionable reliability. To begin to account for the effect of one's religious beliefs and attitudes towards death on the phenomenon of suicide from a stated religion, the predominant religion in a country or by inferring religion from a death certificate burial site, is highly skeptical. Trends of a relationship between the incidence of suicide and the predominant religion of a country have been noted along with notable inconsistencies and contradictions. Without the analysis of the

social structure and the specific beliefs within religious categories these studies demonstrate ecological fallacy.

Conclusions of Attitudes Towards Death

The fear of death produced philosophical and religious concepts of the meaning of life and death and influenced attitudes towards suicide. Aspects of the philosophy of Plato and Aristotle, adopted by St. Augustine and St. Thomas Aquinas as the religious position provided a moral focus on the issue of suicide. The Christian doctrine centered on the individuals relationship with God and the acceptance of the responsibilities of life. Although secular scientific views on death promote the view of death as total annihilation dispensing with considerations of an afterlife and God the concept of responsibility to life has been retained in current culture.

Current cultures stress on controlling death relegates it to something to be feared, denied, avoided or treated with indifference. It becomes the enemy. Shneidman believes death is not feared enough, nor recognized for its "brute force" in the annihilation of consciousness. When death is the enemy, life is sacred. Suicides reject that sacredness and societies commitment to the responsibility and fulfillment of life drawn from philosophical and religious roots. Existentialists persuade that it is only in facing death, the enemy, that the sacredness, fullness and meaning of life may be apprehended. Individuals are forced into a full consciousness of their mortality, their uniqueness from the masses and the possibilities of an authentic existence. The dread of death becomes a liberator. "The clear courage for essential dread guarantees that most mysterious of all

possibilities: the experience of being. For hard by essential dread, in the terror of the abyss, there dwells awe" (Heidegger, cited in Hoeller, 1973).

Societies, and each individuals attitudes towards death effects their attitude about life and suicide influencing and directing how one moves towards or away from suicidal behaviour and how one seeks to understand and explain suicide's origins, process and conclusion. The next chapters review the contributions of science towards the understanding of suicide from both societal and individual viewpoints. Explanations of suicide are reviewed from theoretical sociological, psychological and social-psychological perspectives.

CHAPTER 4

Explanations of Suicide

Sociological Explanations of Suicide

Social Integration--Durkhelm

Emile Durkheim, in 1897 completed the first systematic sociological study of suicide. His study of suicide as a social phenomenon was primarily concerned with the influence of social forces upon the individual rather than a study of the individual. Durkheim believed the varying rates of suicide could be accounted for by variations in the social structure. His hypothesis was that the suicide rate varied with the degree of social integration, the amount and type of social cohesion or solidarity. Durkheim proposed four types of suicide, each reflecting a type of social integration: egoistic, altruistic, anomic, and fatalistic.

Egoistic suicides occurred when individuals were not sufficiently integrated into society. They had few ties with their community and as a result of their weakened connections they experienced reduced control by social, religious and political institutions or the family. They no longer found a basis for existence in life. Altruistic suicides occurred when individuals were overly integrated into society. The group's authority or highly valued principles and traditions became so compelling they lost their personal identities and died in the name of a

principle or community. With insufficient individuality the ascetic or heroic suicides of soldiers and religious martyrs were seen as religious sacrifices or allegiances to higher truths. Anomic suicides resulted from the loss of societal regulation and represented the individuals' failure to adjust to sudden changes and the breakdown of social norms. Fatalistic suicides occurred in situations of repressive or excessive regulations as a result of the acceptance of the belief there was no other avenue of escape. Slave and prisoner suicides have been suggested as representative of fatalistic suicide, and recently this term has been applied to suicide by the terminally ill. From the position of dying with dignity, organizations like Exit and The Hemlock Society support this option for the terminally ill (Beall, 1965; Durkheim, 1951).

Durkheim's types of suicide were proposed and interpreted according to the basic premise: the less social integration the higher the suicide rate. Durkheim maintained the cohesiveness of social forces constrain the individual (normative and external restraint), and the lack of constraints lead to increased rates of deviance, including suicide. Egoistic and anomic suicides comply with this premise. Altruistic and fatalistic suicides do not. Rather than varying inversely, they vary directly, the more social integration the higher these types of suicide.

> Durkheim apparently tried to resolve this theoretical inconsistency by putting his comments on fatalistic suicide in a footnote (perhaps hoping the contradiction would not be noticed) and by stating that altruistic suicide is rare. He also implied that his

> generalizations about social integration held true only when social norms were antisuicide. (Maris, 1981, p. 293)

Durkheim was the first to utilize an empirical approach and a statistical measure in the study of suicide. He established the approach of correlating suicide rates and social factors. Fault has been found with Durkheim's collection of data and the unexplained contradictions of data and theory. Beall (1965) concludes Durkheim's major error was the use of statistics as explanatory rather than as simply descriptive. Although Durkheim was not concerned with the individual or morality he did demonstrate the need to look at social factors and the social structure in order to understand suicidal behaviour.

Following Durkheim's tradition many studies have focused on structural properties and demographic variables. Durkheim's student Halbwach's (cited in Henry & Short, 1957) statistical investigation of suicide "substantiated in large part Durkheim's theoretical formulation and added considerably to our empiric knowledge" (p. 58). Sainsbury (1955) and Stengel (1957) found significant associations among suicide rates and social isolation and social disorganization. Durkheim's, Sainsbury's and Stengel's data refer to areas that have high suicide rates and do not apply to individual suicides.

Status Integration--Gibbs and Martin

Responding to the criticism that Durkheim had not operationally defined social integration, Gibbs and Martin (1958) introduced and tested the concept of status integration based on the idea that:

> The predominant type of social relationship in a society is one in which an individual's social identification, his status, determines the demands and expectations to which he must conform in order to preserve his social relationships and to maintain his rights—the demands and expectations he can make of others. The rights of persons occupying a certain status and the demands and expectations that can be placed on them by others constitute the roles of that status. (p. 141)

Gibbs and Martin's (1958, 1974) theory was presented in the form of five postulates from which the major theorem was derived as "the suicide rate of a population varies inversely with the degree of status integration in that population" (1974, p. 334). The analysis and interpretation of status integration proceeds through the examination of role conflict produced by occupying incompatible statuses. Role conflict exists when conformity to the roles of one status interferes with conforming to the roles of other statuses held simultaneously. Gibbs and Martin believe that occupancy in incompatible status configurations tends to be infrequent. They define and measure status integration by the proportion of the population concentrated in the configurations that comprise these statuses. They hypothesized that the fewer the occupants, the lower the status integration and the higher the suicide rates directly resulting from the role conflict of occupying the incompatible statuses.

The research results of studies between status integration and suicide do not provide consistent support for the theory overall; some

status configuration patterns do lend support. These patterns are female-divorced and male-unemployed (Stafford & Gibbs, 1985). Stafford and Gibbs (1985) conclude, "it is certainly undesirable to qualify the theory by simply arguing that in any population at least some dimensions of status integration will vary inversely with the suicide rate" (p. 658).

The research findings weigh heavily against the theory and measurement procedures entail problems and issues. Criticism of the theory and research findings has centered around four points: (a) the use of far from ideal data as the data has rarely been cross-classified for more than one set of achieved statuses; (b) the addition of status dimensions with simultaneous measures has not improved the predictive accuracy over unidimensional measures; (c) the assumption that all statuses are relevant and to approximately the same degree; and (d) the inverse relationship between status integration and suicide rates has shown to be rarely close (Stafford & Gibbs, 1985).

Status Position and Relational Involvement--Henry and Short

In "Clues to Suicide", Henry and Short (1957) outline a reformulation of the theoretical constructs of Durkheim based on the accumulation of data collected to isolate indicators of suicide. They grouped the data according to two variables: (a) the position in the status hierarchy, and (b) the degree of relational involvement with other persons. The data collected on status position in relation to suicide has indicated that the category with the highest status position is the category with the highest suicide rate. The susceptibility to

suicide rises with the status position, whites suicide more frequently than blacks, men more often than women and although there are substantial numbers at the socioeconomic extremes there is a concentration among the affluent (Henry & Short, 1957).

Data has also been collected on the relationship of suicide to the strength of the relational system. Henry and Short (1957) summarize these findings:

> The suicide rate is higher in the central, disorganized sectors of cities than in the outlying residential areas; it is higher in cities than in rural areas; it is higher for the single, widowed, and divorced than for the married; and, finally, it is higher for the old than the young. These relationships may reflect differences in the degree of isolation from meaningful relationships of those in the categories we have examined. (p. 63)

Henry and Short propose that "both suicide and homicide are acts of aggression consequent to frustration. Suicide is viewed as the end product of aggression directed inwardly against the self" (p. 58). They view suicidal behaviour as resulting from both internal and external forces. The internal forces were embodied in the concepts of frustration and aggression and

> external restraint included the notions of vertical restraint (restraint deriving from one's position in a status hierarchy) and horizontal restraint (restraint deriving from the degrees of relational involvement with others) . . . they suggested that when people are subjected to strong external restraint and weak internal

> restraint, by virtue of either subordinate social status or intense involvements in social relationships, it is easier for them to blame others when frustration occurs--that is, circumstances favor externally directed aggressions like homicide or assault. But when external restraints are weak and internal restraints are strong, then the self has to bear responsibility for frustration--that is, circumstances favor internally directed aggression like suicide. (Maris, 1981, p. 104)

Henry and Short agreed with Durkheim that high social status and low external restraint are related to high suicide rates. They included in their theorizing the addition of the concept of internal restraint to the basic Durkheim formulation and their studies supported the hypothesis of a direct relationship between social status and suicide rates. Other research challenges the claim of a direct relationship. Breed and Maris (1969) found a higher incidence of suicide among the lower occupational categories (cited in Maris, 1981). Dublin (1963) claims that occupational status and suicide rates form a U-shaped distribution with the highest suicide rates found at both extremes of occupational status. A number of further studies indicate that occupationally, suicide is democratic with varying rates at all occupational status levels (Maris, 1981). From the research it is concluded that occupational level or socioeconomic status do not by themselves predict suicide rates with much reliability.

Summary and Discussion of Sociological Explanations

Durkheim (1951) provided the first systematic study of suicide from a statistical and sociological point of view. He hypothesized that suicide rates vary inversely with the degree of social integration and proposed four types of suicide; egoistic, anomic, altruistic and fatalistic, each type reflecting a type of social integration. Although Durkheim established the use of statistical correlation in relation to suicide rates fault has been found with his collection of data, contradictions of data and theory and the use of statistics as explanatory rather than as simply descriptive. Durkheim was not concerned with the individual but he did demonstrate the need to look at social factors and the social structure in order to understand suicidal behaviour.

Essentially Durkheim's theoretical types of suicide and his basic hypothesis that social integration varies inversely with the suicide rate remains as the underlying assumption providing direction for the investigation of suicide. The studies on suicide by Durkheim, Gibbs and Martin and Henry and Short have all focused on social integration in one form or another. Gibbs and Martin (Gibbs, 1982; Gibbs & Martin, 1958, 1974, 1981; Stafford & Gibbs, 1985) studied status integration by examining the occupancy in patterns of status configurations. Those patterns occupied infrequently were considered to have lower status integration and higher suicide rates as a direct relation to the role conflict produced by occupying incompatible statuses. The research results of studies between status integration and suicide do not provide

consistent support for the theory overall. Measurement problems involving data collection, methods of analysis, assumptions regarding the equal weighting of statuses and the inconsistent and weak results indicating the hypothesized inverse relationship between status integration and suicide rates has rarely been close, all weigh heavily against the theory.

Henry and Short (1957) agreed with Durkheim that high social status and low external restraint are related to high suicide rates and included in their theorizing, in addition to the basic Durkheim formulation, the concept of internal restraint. Following their hypotheses they studied suicide in relation to status position and the degree of relational involvement with others. Their studies supported the hypothesis of a direct relationship between social status and suicide rates. Other research challenges the claim of a direct relationship (Breed & Maris, cited in Maris, 1981; Dublin, 1963).

The research based on the theoretical frameworks of Durkheim, Gibbs and Martin and Henry and Short has produced inconsistent and contradictory findings. It is generally accepted that the rate of suicide is positively correlated with a wide variety of social factors even though contradictory results have been obtained and noted for many of these factors (Goldney & Burvill, 1980; Maris, 1981). Seemingly without regard to the contradictory empirical findings regarding specific factors, the relation of status groups to suicide rates or the occupancy of patterns of status integration in relation to suicide, the generalizations and interpretation of the data remain similar to Durkheim's formulation regarding social integration, providing a

different way of formulating the concept of anomie. The resulting conclusions,

based on inconsistent and contradictory findings, are questionable and equivocal in relation to groups and have nothing to say about the individual. From the research it is concluded that occupational or socioeconomic status do not by themselves predict suicide rates with much reliability.

The major contribution of these sociological approaches has been the theoretical and statistical identification of higher risk groups albeit with the previously noted contradictions among findings. The validity of the early data collection and the statistical formulations based on the data have been questioned, and similarly, the validity of recent statistics has also been challenged (Douglas, 1967; Goldney & Burvill, 1980; Maris, 1981; Stafford & Gibbs, 1985).

Durkheim's work shifted the emphasis of suicide from being a moral and religious issue of the human soul to suicide as a social issue. He and his followers were concerned with conditions of the social structure that were related to suicide rates and identified groups and areas. Their formulations did not address the psychological processes that intervene between egoism and anomie as conditions of the social structure and suicidal behaviour. Sociological studies, while focusing on the social structure in which the individual is enmeshed, imply the etiology of suicidal behaviour is in the interaction of the individual and the social structure, the ways the social structure impinges on the individual. Maris (1981) points out that it may not be the degree of

relational involvement and social integration (egoism, anomie) but rather the negative quality of social relationships that is a major factor in suicide. Maris' concept of "negative interaction", referring to interpersonal relationships that are painful, invalidating and isolating, illustrate a way social structure impinges on the individual. It is a beginning and points the way to the examination of the subjective meanings of individual suicides, as a result of the interactive effects of society and the individual. Alternately, Douglas (1967) advocates investigating the subjective situated meanings of suicide on the belief that suicide has at least cognitive, moral and affective meanings. Douglas states there is a need to consider the internal meanings of the external associations of suicide as interactive effects of the individual and society. Baechler (cited in Smith & Bloom, 1985) also advocated the examination of personal meaning, the purpose of suicide as an adaptive solution to the individuals personal struggle with the problems of living. In order to identify individuals at suicidal risk it is necessary to examine meaning and the interactive and reciprocal effects of social structure and self structure. Self-theory provides for an understanding of this interrelationship, the interaction of the individual and society and suggests a promising approach towards the understanding of suicidal phenomena.

In conclusion, at best, and with cautious interpretation, statistical correlations identify higher risk groups. Sociological statistical correlation excludes comment on causality, providing identifications and not explanations.

> Sociologists after Durkheim have scarcely excluded any variables in their attempts to isolate indicators . . . . The inadequacy of statistical or actuarial correlations has been pointed out by many investigators . . . Suicide involves much more than simply being detached from or integrated with society. Social attitudes, feelings of belonging, the valuation of self according to group mores, competitive interpersonal struggles and identification of one's welfare with that of other people are important, but they are not the entire story. To attribute an increase in suicides to the development of civilization, to economic depressions, anomie or social disorganization, and then to attempt a purely sociological explanation omits the basic internal struggle that these environmental situations produce. It also fails to explain why, in these circumstances, only some individuals commit suicide. An examination of psychological explanations is needed to fill this gap. (Beall, 1965, p. 4)

Psychological Explanations of Suicide

Psychoanalytic Tradition

Sociological studies of suicide focus on the influence of social forces and social structure, psychological and psychiatric studies focus on the individuals influence and relationship to the self in connection with suicide. The main components of the psychological and psychiatric formulations on suicide have evolved from Freud's psychoanalytic theorizing. Litman (1961) stated that Freud did not have a theory of

suicide. Initially Freud and his followers formulated their thoughts on suicide within the libidinal and instinctual theories and later their considerations of suicidal motivation were focused on the functioning of the ego, specifically the nature of identifications and ego-splitting.

Freud's Instinct Theory

Freud's theorizing, with a view to suicidal motivation begins with his postulation of drives or instinctual forces as the energy impelling individuals to activity. Stimuli, internal or external, arouses the instinctual forces of Eros and Thanatos. Eros is the life instinct or the constructive and sexual drive and Thanatos is the death instinct or aggressive and destructive drive.[3] Eros reaches out to new experience and Thanatos strives for a state of rest. These drives do not function independently of one another and are integrated in the individual to varying degrees. Movement toward instinctual gratification occurs by investing energy in objects or making identifications. The earliest identifications become split off from the ego and become the superego which has the function of loving, supporting and punishing the ego. Initially there are actual relationships with objects and through processes of internalization objects become represented internally as mental representations within the ego and superego. The primary goal of instinctual drives is tension reduction through gratification. During the striving toward gratification and the attainment of goals, individuals encounter difficulties and frustrations which produce aggression. The anxiety experienced in frustration and conflict signals the ego which responds through the development of defense mechanisms.

The functioning ego and superego direct how the instinctual drives and defense mechanisms will be expressed. Fixation, regression or disorganization may develop in these functions and the energies may be directed outwardly or inwardly. The presence of a functioning ego is vital for the resolution of conflict and the integration of the opposing life forces. Freud believed that strong aggressive Thanatos impulses which are not integrated and fail to be directed outwardly are turned inwards and result in suicide. Aggression turned inwards consequent to frustration is the result of the individual regressing to primitive ego states where aggressive impulses are directed towards the self (Beall, 1965; Jackson, 1957; Litman, 1961).

Support for Freud's proposal of the death instinct and its involvement in suicide was provided by Menninger (cited in Litman, 1961) who viewed suicide as the championing of the destructive forces over the constructive forces. Menninger perceived three aggressive motivations toward suicide. The first was primary aggressiveness focused as the wish to kill, the second the wish to be killed and the third as the wish to die.

Identifications and Ego-Splitting in Loss and Depression

Freud's formulations on suicide involving aggression turned inwards were based primarily on depressed patients. Although aggression turned inwards was considered the central component by Freud and Menninger, suicide and self-destructive behaviour were considered to be multiply determined by the interaction of identifications and ego-splitting. The

nature and involvement of identifications and ego-splitting are described in the dynamics of melancholia. Freud viewed melancholia as resulting from a process involving identification in the ego with an incorporated love object followed by object lost. The loss occurs in reality or fantasy. For the melancholic, mourning and a continued process of identifications do not occur following loss. Rather, the melancholic feels a mixture of love and rage towards the abandoning love object. The superego makes the individual feel guilty and worthless and rages against the ego driving the ego to death. The ego gives itself up because it feels hated and persecuted by the superego instead of being loved and supported. If the individual is dependent and unable to express aggression outward the destructive forces are turned inwards as an attack on the introjected love object. "Suicide is the outcome of a strong ambivalent dependence on a sadistic superego and the necessity to get rid of an unbearable guilt tension at any cost" (Jackson, 1957 p. 12).

Ego splitting, the turning of one part of the psyche against the rest, motivates suicide through identification when energy withdrawn from a lost love object is relocated in the ego recreating and reidentifying with the lost love object as a feature of the self. Freud (cited in Litman, 1961) states, "In the two opposed situations of being most intensely in love and of suicide, the ego is overwhelmed by the object" (p. 574). Bak (1974) formulates that the over valuation of an object is a regular feature of being in love. When in love, the over valuation and identification of the love object with the self creates a fusion of self and object representations. Bak views suicide as

resulting from the fusion of self-object representations, fusion similar to primary undifferentiated fusion of self and non-self. "The self and the object are united but the freed aggression now can turn against the united self and object and extinguish both" (Bak, 1974, p. 7).

Commentators of the function of early object loss have focused on the identification with the mother as the earliest identification with a love object. The early loss of parents through death or divorce has been related to the later development of self destructive behaviour, depression and suicide (Maris, 1981; McCulloch & Phillips, 1967; Zilboorg, Stengel, & Bowlby, cited in Beall, 1965).

Loss of Symbolic Representations

Lowental (1977) moves beyond loss as real object loss to the loss of intrapsychic and symbolic representations. The participating component in object representations is the self and self representations. He believes that an "object representation is an internal presence converging on the self-representation in a proximity that is almost sustaining fusion" (p. 136). When life begins self and object constitute an undifferentiated unit of self and non-self. Continuing identifications allow for differentiation into discrete representations. These representations retain a flexibility and exist in the middle of a continuum between an undifferentiated self and non-self and form a representation that is accurate and stable with clear distinctions. Self and object representations develop and change from infancy on and maintain a close supportive relationship.

> If object representations recede from the self and their support decreases this may lead to suicide . . . . The security of the self cannot be sustained in a vacuum: it needs a constant relationship with objects and their representations in order to hold the equilibrium. A disruption may lead to suicide. (Lowental, 1977, p. 142)

Lowental states that such a loss of perceptions of the self and objects may occur in altered states of consciousness. He provides as examples the loss of identity experienced in altered states of consciousness such as fugue states, hypnagogic states, reveries and dreams. These particular states of diminished contact have no symptomatic expression but symptomatic expression of receding object representations is noted by individuals' withdrawal from reality in schizophrenia, depression, states of intoxication and drug use.

For the individual these experiences of diminished contact are considered to be a relief from painful experience, a separation from painful self-object representations. The object representations are perceived as non-supportive and the individual withdraws, aided by one of these mechanisms. For Lowental, when object representations recede from the self becoming less accessible and less supportive (a variant of separation) the absence of object representations creates the condition of lack of support for the self. Without the supportive object representations and without hope of regaining the support for the self through the sustaining fusion of self-object representations individuals may abandon the physical self in suicide.

The main impact of decreased support of object representations is on the affective atmosphere creating an emptiness, an internal experience of desolation and feelings of hopelessness. Lowental believes that if the emotions evoked from the loss of object representations persist they may signify a depression. Lowental essentially agrees with Freud's formulations on depression and suicide and extends them. He does believe however, that the loss of perceptions of self and object representations do not necessarily imply depression, they may indicate other states of consciousness. The emptiness, desolation and hopelessness of receding object representations represent a blow to the security of the self as the interaction of self and object representations provide the sense of self and without that support the sense of self is lost and such a disruption may lead to suicide. Lowental's formulation provides an explanation of the motivation towards suicide through the loss of perceptions of reality and the subsequent loss of the security of the self created by altered states of consciousness and by mental illness, depression, alcohol and drug use. Each of these conditions have been studied in relation to suicidal behaviour.

Alcohol and Drugs

Alcoholism is claimed to rank second only to depression as a factor is suicide (Maris, 1981). Alcoholics and depressives have "great difficulty enduring the privations incident to life in the real world" (Menninger, cited in Maris, 1981, p. 1980). Alcoholism appears to be "particularly suicidogenic if it is the only defense one has against

anxiety" (Maris, 1981, p. 203). The rates of alcoholism in self destructive samples is about twice that of the general population and of those alcoholics, 7-21 percent will suicide (Maris, 1981). The relationship of drug use and abuse, in relation to suicide and depression is an issue as certain drugs create biochemical changes in the brain that may induce depression. The main function of both alcohol and drugs, for the user, appears to be that of a defense mechanism, as they are used to seek relief from emotional conflict. Drugs are also abused in attempts and actual suicides. Futterman (1961) comments on the addict population of suicides, and sleep, and likens these conditions to death and the instinctual desire for a complete state of rest inferring the motivation towards self- destructive behaviour impelled by thanatos in alcoholism and addiction.

Mental Illness and Depression

Freud and many others have generally accepted the notion that suicidal individuals are depressed and mentally ill (Hendin, 1961). Maris (1981) states that of his review of the literature the reported rates of the prevalence of mental illness among suicides varies from 53-100 percent. Kreitman, (1977) maintains that the majority of those who complete suicide, and in one third of suicide attempters, a psychiatric illness is present, most commonly depression. Hendin (1961) and Perlin and Schmidt (1975) consider depression to be the most common form of mental illness associated with suicide. In Maris' 1981 data, in absolute frequencies, "in only about 4 out of every 100 completers was a

psychotic depressive disorder the major mental or emotional illness present . . . although depression may have been a secondary symptom in many more cases" (p. 210).

Depression as an affective disorder is characterized by a number of primary and secondary symptoms. Depression can be defined as exogenous (reactive) or as endogenous depression and still further classified if the disorder reaches psychotic proportions. Hendin (1961) reports that although depression has been seen by all observers in response to the loss of a love object or a set back in life, depression often occurs without evident precipitating cause. Although suicide is frequently found associated with depression not all persons who attempt or complete suicide are depressed, nor do all those who are depressed attempt or complete suicide (Beall, 1961; Coleman, 1972; Shneidman & Farberow, 1970). Depression has been causally associated with biochemical aspects (Lazarus, Snyder cited in Maris, 1981), loss (Freud, Bowlby, Hendin cited by Hendin, 1961; Lowental, 1977; Maris, 1981), life stress and life events (Cochrane & Robertson, 1975; Luscomb, Clum, & Patsiokas, 1980; Paykel, 1976), distortions of self-image (Beck, 1963; Glaser, 1978), and cognitive processes (Beck, 1963; Beck & Lester, 1973; Bedrosin & Epstein, 1984; Rush & Beck, 1977). The role and interplay of anxiety, depression and mania in depressive illness has been outlined by a number of authors (Maris, 1981).

The prevalence of depression in suicide has been reported by a number of investigators.

Murphy and Robin's (1967) estimate that 30-50 percent of suicide completers display some form of depression, Pokornay (1968)

puts the range at 10-40 percent, and Rushing (in a survey of various studies, 1968) finds that depression varies between 6 and 45 percent among suicides. (Maris, 1981, p. 217)

Data on depression were derived primarily from Aaron Beck's Depression Inventory. By using this scale, [it was] found that virtually all the nonfatal suicide attempters and suicide completers experienced some depression. Most research on suicide and depression claims that depression is a significant factor in 10-50 percent of completed suicides. According to our data, about 45 percent of the suicide completers were moderately to severely depressed sometime in the two months before their deaths. Completers were more depressed than natural deaths, but were about as much depressed as Beck's sample of nonsuicidal psychiatric patients. Nonfatal attempters were more depressed than completers . . . . Controlling for age and sex made no significant difference in depression scores for nonfatal attempters and suicide completers . . . . Particular item analyses isolated six factors that were distinctive for nonfatal attempters and suicide completers versus natural deaths: hopelessness, dissatisfaction, wanting to die, loss of interest in people, sleep disturbance and preoccupation with physical health. The last two items were especially distinctive for suicide completers. Among the items that were most distinctive for nonfatal attempters were sadness, failure, guilt, deserving punishment, self-disgust and self- blame, irritability and difficulty making decisions. This finding is worth emphasizing

> because most literature on suicide claims erroneously that these items are distinctive for suicide completers. The nonfatal attempters alone scored high on frequent crying and feeling unattractive.
>
> One interesting result of our examination of the relationship between mean depression levels and suicide attempts was the curvilinear association of these two factors. Most completers' suicide attempts were fatal on the first try when their mean depression score was relatively mild . . . . Hopelessness was found to be a slightly better predictor of current suicidal ideation than the Beck Depression score, both in our data and especially in the research of Kovacs (1975). Also, hopelessness had a higher negative correlation with the wish to live than depression did. (Maris, 1981, p. 234)

Other researchers have also found that hopelessness accounts for the bulk of the relationship between depression and suicidal intent (Beck & Lester, 1973; Bedrosin & Beck, 1979; Bedrosin & Epstein, 1984; Bjerg, cited in Bedrosin & Beck, 1979). The conclusion from the research is that although depression is often associated with suicide it is not sufficient by itself as a predictor of suicide.

Cognition, Affect and Depression

The examination of cognitive processes involved in depression illuminates aspects that are useful in understanding both the affective state and suicidal crisis. Neuringer (1964, 1967, 1979), following Shneidman (cited in Neuringer, 1979), explored hypotheses relating

thinking patterns, specifically rigidity and dichotomous thinking and suicidal individuals. Depressed and suicidal cognitions were examined extensively by Beck (1963) who delineated patterns of distortions in thinking and suggested that depression as an affective disturbance may be secondary to the thinking disorder. The cognitive processes of depression and in particular their relationship to suicide focus on the idiosyncratic thought content of distorted and unrealistic conceptualizations, the processes involved in the deviations and the relation of cognitive distortions and depressive affects. Rush and Beck (1977) outlined a cognitive theory and therapy of depression and suicide. Bedrosin and Epstein (1984) expanded on the cognitive therapy of depressed and suicidal adolescents.

Farberow and Shneidman (1961) noted the affective state of depression may not be a precondition to suicide but rather a defense against suicide. Depression as an adaptive solution is suggested by findings that life events precede the onset of depression (Cochrane & Robertson, 1975; Luscomb et al., 1980; Paykel, 1976; Rutter, 1981). Suicide attempters and depressives both reported more events than the general population. Uncontrolled events were reported more by suicide attempters than depressives. Paykel's conclusion was that although theories of depression have emphasized the process of loss and blows to self-esteem their findings suggest that a non-specific dimension of threat seems to be important. Codoret (cited in Coleman, 1972) found a significant higher incidence of real and threatened losses preceding the onset of depression. Beck (1963) found the central themes of depressed

patients involved frustration and losses and that depressed patients picture themselves as losers. The cognitive processes of depression may operate as a defense mechanism, a mode of defending the fragmented self against negative self and situation evaluations, regardless of whether those evaluations are accurate or distorted.

Suicide as Adaptation

Suicide, considered in adaptational terms may be productive for suicide attempters. Kobler and Stotland (1964) present a transactional view suggesting suicide attempts and suicidal communication as efforts at solving problems in living. Baechler considered suicide a positive act of a relatively normal individual committed to solving a problem in living (cited in Smith & Bloom, 1985). Completed suicide may result as an adaptation to life situations that are evaluated as intolerable (Shneidman, 1969; Shneidman & Farberow, 1970; Zilboorg, cited in Jackson, 1957).

Evaluations of the self reflecting the loss of the sense of self, and states of anguish of an inner world emptiness that are so painful suicide seems the only escape were noted by Singer (1977) and Lowental (1977). Shainess (1976) and Weiner and White (1982) report that for individuals lacking the vision of a new and better life with a secure sense of self and an identity as a person suicide becomes the ultimate identity crisis.

Evaluation, the ability to constantly assess one's situation, one's own behaviour, one's sense of self and image is of central importance in the consideration of depression, hopelessness and suicidal behaviour.

The role of evaluation permits an understanding of suicide as an adaptive function and as a "communication between inter and intra personal factors" (Farberow, cited in Beall, 1965, p. 3). Hopelessness accounts for a large part of the relationship between depression and suicide (Bedrosin & Beck, 1979; Kovacs, 1975; Maris, 1981) which is supported by findings of suicidal individuals sense of impotence (Neuringer, 1974). The role and process of evaluation may provide a bridge between the cognitive and affective aspects of depression and provide understanding of the determination of hopelessness involved in suicidal behaviour.

Summary and Discussion of Psychological Explanations

The psychoanalytic position of suicide was originated by Freud. The central thesis is the frustration-aggression theme of thwarted drives resulting in aggression turned inwards. A multiplicity of motives toward suicide develop through the interaction of instinctual forces and structural dynamics within the personalities ego and superego, notably ego-splitting and the nature of identifications. The process of identifications is described in the dynamics of melancholia which Freud considered to be primarily caused by object loss. Ego splitting motivates suicide through identifications when the superego rages against the ego and the lost and introjected love object driving the ego to death. Suicide results as the primary goal is tension reduction with thanatos striving for a state of rest.

The general features and specific mechanisms of suicide are presented by Litman (1961) and summarize the dynamics and multiplicity of motives toward suicide offered by Freud, Menninger and many other psychoanalysts.

> The death instinct . . . the splitting of the ego . . . and group institutions . . . are general features that only begin to account for any individual suicide. Individual suicides involve certain specific suicide mechanisms. All of them involve a breaking down of ego defenses and the release of increased destructive, instinctual energy. Examples are: (1) loss of love objects, especially those who have been loved in certain dangerous ways; (2) narcissistic injury, symbolically through failure or by direct physiological injury through fatigue or toxins; (3) overwhelming affect: rage, guilt, anxiety, or combinations; (4) extreme splitting of the ego with decathexis of most elements and a setting of one part against the rest; and (5) a special suicidal attitude and plan, often based on an identification with someone who was suicidal. (Litman, 1961, p. 581)

Lowental (1977) examines the loss of of object representations. The participating component in object representations is the self and self representations which develop and change from infancy on and maintain a close supportive relationship. Individuals experience the loss of object representations as withdrawal from perceiving reality in alterations of consciousness, psychoses, addiction, intoxication and depression. Devoid of object representations and without hope of regaining the support of the self in the sustaining fusion of self-

object representations individuals may abandon the physical self in suicide. Lowental essentially agrees with Freud's formulations on depression and suicide and extends them.

Depression is frequently found associated with suicide. Not all persons who attempt or complete suicide are depressed, nor do all those who are depressed attempt or complete suicide (Beall, 1961; Coleman, 1972; Shneideman & Farberow, 1970). Depression often occurs without evident precipitating cause and has been causally associated with a number of variables.

Most research on suicide and depression report that depression is a factor, ranging from 10-50 percent for completed suicides (Murphy & Robins, Pokornay, Rushing, Maris, cited in Maris, 1981). Most completers' suicide were fatal on their first attempt when their depression score was relatively mild (Maris, 1981). Hopelessness was found to be a better predictor of suicidal intent than the Beck depression score (Bedrosin & Beck, 1979; Kovacs, cited in Maris, 1981). The conclusion from the research is that although the depression is often associated with suicide it is not sufficient by itself as a predictor of suicide.

Examination of the cognitive processes involved in depression reveal aspects that are useful in understanding both the affective state and suicidal crisis. Neuringer (1964, 1967, 1979) following Shneidman (cited in Neuringer, 1979), explored hypotheses relating thinking patterns and suicidal individuals. Suicidal cognitions were examined extensively by Beck (1963) who delineated patterns of distortions in

thinking and suggested that depression as an affective disturbance may be secondary to the thinking disorder.

Neither the affective state of depression (Farberow & Shneidman, 1961) or the cognitive processes of depression (Beck, 1963) may be a precondition to suicide but rather a defense against suicide. Both aspects may be integral in depression as an adaptive solution to life stress (Cochrane & Robertson, 1975; Luscomb et al., 1980; Paykel, 1976). Suicide may be considered in adaptational terms. Attempted suicide may be a productive communication (Kobler & Stotland, 1964). Completed suicide may result as an adaptation to life situations that are evaluated as intolerable (Baechler, cited in Smith & Bloom, 1985; Shneidman, 1969; Zilboorg, cited in Jackson, 1957), or result from evaluations of the self reflecting the loss of the sense of self indicating the ultimate identity crisis (Lowental, 1977; Shainess, 1976; Singer, 1977; Weiner & White, 1982).

There is an abundance of theoretical examination regarding the individuals relationship to the self and suicide from the psychoanalytic structural and object-relations points of view. Many of the psychoanalytic concepts are extremely difficult to test directly--if at all, as concepts like death instinct, ego- splitting or fusion of self-object representations defy clear operational definition. Other psychological approaches and studies have produced results, not unlike the sociological approach, isolating and identifying specific factors correlated to suicide, most notably depression, alcoholism, hopelessness and thinking distortions. Depression has been correlated with physiological factors and a number of psychological factors,

particularly affective and cognitive indicators. Hopelessness has been shown to account for a large part of the relationship between depression and suicide (Beck & Lester, 1973; Bedrosin & Beck, 1979; Bedrosin & Epstein, 1984; Bjerg, cited in Bedrosin & Beck, 1979; Kovacs, 1975; Maris, 1981). Evaluation, the ability to constantly assess one's situation, one's own behaviour, one's sense of self and image, is of central importance in the consideration of depression, hopelessness and suicidal behaviour. Evaluation is an aspect of the individuals personal psychological processes, the individuals relationship to the self and is inextricably intertwined in the interactive and reciprocal effects of the social structure and self-structure. A major difficulty with the sociological approaches to suicide which examine the social structure was the neglect of the individual, and the major difficulty with the psychological approaches which examine the self in relation to self is the neglect of the environment. The next section presents models which encompass both the individual and the environment and examines their interactive effects.

Social-Psychological Explanations of Suicide

The Smith Model of Suicide: Ego Vulnerabilities

The "Ego Vulnerabilities" approach to suicide assessment of Kim Smith (1983, 1986; Smith & Conroy, 1983) is an extension of the psychoanalytic tradition. The model is presented from the object relations perspective. Object relations theory is based on the idea that individuals form mental representations of the self and objects

with varying degrees of accuracy and these mental representations are called self and object representations to distinguish them from reality. Individuals act upon conclusions made about the mental representations of external relationships. It is the individuals beliefs regarding the interaction of these representations which motivate the individual to action. Smith's assessment model of suicidal vulnerability encompasses the interactive effects of the individual and society through the examination of the pattern of individual ego strengths and self- other expectations. The pattern of expectations is termed the "life fantasy", a concept that shares similarities with Berne's (1964) ideas of "life scripts", and Kelly's (1955) "core" or "role construct". Smith believes the degree of suicidality will be revealed through discovering: (a) the individuals views of the self, and others; (b) the individuals expectations regarding nurturance and self-esteem; and (c) the individuals intent (as communication or to die).

Smith's cognitive structure of the life fantasy provides an organizing function composed of the individuals view of the self and others and their expectations regarding nurturance and self- esteem. Individuals may have multifaceted life fantasies or their life fantasies may be narrow, rigid and primarily unidimensional. When a life fantasy is threatened with extinction, a suicidal crisis may develop. Suffering the loss of their life fantasy individuals may accept the loss, feel sad, grieve and develop new visions of the self and others or they may refuse to accept the loss becoming depressed. Smith believes depression is a defense against loss, a refusal to give up a cherished life

fantasy. If the loss is intense the individual may be become hopeless. It is the sense of hopelessness which motivates suicidal behaviour.

Individuals who have narrow and rigid life fantasies do not think of themselves as having worth apart from the constructs of their life fantasies. When those constructs are threatened suicidal behaviour may be imminent. This likelihood is increased if the individual has ego vulnerabilities such as: (a) high expectations of the self, (b) high expectations about others to actively nurture, (c) a tendency to be secretive about their troubles, and (d) a view of death as a solution to their problems. By determining the variability and nature of the life fantasy, the presence of a threat to the life fantasy, the presence of an attitude of hopelessness about the loss of the life fantasy and the intent to die, suicidal vulnerability may be assessed; detecting those at high risk, those likely to make mild or manipulative attempts and those with multifaceted and flexible life fantasies who would not be expected to be suicidal.

Smith provides a number of illustrations of his model of assessment. One is the case of a 64 year old male who held a powerful position as head of an international corporation. Over a period of a couple of years this corporate executive had become depressed and withdrawn. Examination revealed organic brain impairment. Deficits in function were evident despite superior intelligence and efforts to master assessment tasks. He refused, however, to make up stories to TAT cards which pull for death themes.

This executive's life fantasy involved gaining nurturance through his intellectual ability and consequent power. The organicity was

threatening his ability to secure his sense of self in the only way he could conceive. With his self view and life fantasy threatened and the fear of being weak, dependent and alone the suicidal risk became apparent. This man and his family had high expectations and demands on his role as provider and his position of power and prestige. His life fantasy was limited, rigid and essentially unidimensional. The perspective of nurturance being contingent upon his intellectual prowess and position of power was accurate and reality based as this was the expectation of his family. He returned home in response to his own and to his families demands. He had not accepted the change in himself or mourned the loss of his long standing, stable and successful way of thinking about himself and others. Three days later he suicided (Smith, 1983).

Suicidal Careers: Toward a Symbolic Interaction Model of Suicide

The merging of sociological and psychological thought is evident in Dorothy Miller's (1967) Symbolic Interaction Model of Suicide. This social-psychological model examines the individual, the situation and the individuals response to the situation. Miller's fundamental assumption is of man and womankind's possession of the symbolic tools of language. It is with language symbols that individuals perceive and take action in the world toward both objects and the self. The possession and ability to manipulate these language symbols constitute a social frame of reference.

The premises forming the foundation of Miller's model are self and career. From Mead, Miller accepts the definition of the self as a socially derived organization of roles and attitudes gained from others about the self. Ideas about the self and consequent behaviour are formed through the ability of taking the role of the other. This role taking, which occurs in a context or situation, allows one to develop understandings of the self, and others and to act towards the self as one would toward others. Inherent in this concept of the self is the concept of others in the self. The others have been referred to as reference groups of significant others and generalized others. Self-others understandings emerge through the individuals definition of the self, of others and the situation. This process allows for the continuing redefinition of both the self and others and involves a succession of adjustments to interpretations as the individual responds to the ongoing events in life. This taking-the-role of the other, the ongoing evaluation of the self against the appraisal of others forms the process through which the self emerges and expectations of the self and others are formed.

> Self-conceptions, like the rest of the symbolic environment, are constructed through selective perception and imagination . . . . Each man develops a working conception of himself as a physical object, and this becomes the basis for other beliefs about himself . . . . In forming self-conceptions, men place themselves into conventional categories--among them age-group, sex, occupation, ethnic group, and social class . . . . Self-conceptions also have a temporal dimension, for some men tend to see themselves in terms of

> some kind of career line including the past and the future . . . . A particular person's conception of himself becomes discernible in the characteristic ways in which he is disposed to act towards himself . . . . He acts as if he were a certain type of person, marked by a given set of characteristics . . . . Self-conceptions, once they are fixed in habit, tend to be self sustaining . . . . The assumptions one makes about himself need not be accurate; if they are consistent, his behaviour will also be reasonably consistent. (Shibutani, cited in Miller, 1967, p. 55)

The self's ability to take the role of the other and constantly evaluate the self against the appraisal of others is central to Miller's premise of the self as a socially derived organization of roles and role attitudes gained from others about the self. Career is the other fundamental premise of Miller's model. Miller's concept of career is defined as reference to any social strand of an individual's course over time. Suicidal career refers to the self conceptions of an individual who engages in self destructive behaviour. Once suicide is accepted into the understandings of self, as an option, the suicidal career has begun.

The foundation of Miller's model is formed through the assumption of symbolic interaction and the premises of self and career. From this base Miller develops a model directed at understanding suicide. This model is delineated in three concepts: commitment, communication, and crisis.

Commitment. Individuals' sense of self and identity are established as they are engaged in relationships with the self and others in a context. This occurs through the self's ability to take the role of the other and constantly evaluate the self against the appraisal of others. Individuals assign themselves and can be assigned by others into statuses and roles. Statuses are positions in the societal pattern and roles are formed through the specific prescriptions of explicit behaviour to be performed in those roles. Individual behaviour is related to the social structure through status and role. It is through status and the performance of role requirements that individuals gain their meaning, value and purpose in life. Role theorists concur there are major social status/roles available to individuals. These are age, race, sex and family relationships, ascribed statuses/roles, and those of occupation and peer relations, achieved statuses/roles. Individuals usually form their definition of the self and others around a combination of achieved and ascribed statuses.

Once individuals form particular definitions of the self and others, and assign or are assigned status/role dimensions, a commitment is developed to those definitions and dimensions which determine future courses of action. Individuals become committed in varying degrees when they behave consistently in regard to their assigned and accepted relatively stable non-conflicting roles. Commitment involves living up to their image and definition of the self. Most commitments are flexible allowing for change and adjustment to ongoing interpretations. When others accept their self image, definition and status, the individuals interpretation is validated. When individuals reduce their

definition of the self to a singular status/role dimension, their commitment becomes a source of concern. Total commitment occurs when the status/role and the individual become one. Such a commitment made to a singular status/role is rather inflexible and interpretation and adjustments are frozen in the total commitment.

Miller believes that myths perpetuated in society lure individuals into forming singular attachments to a "hero-image". Total commitment to a hero-image may be one of either totally embracing or totally rejecting the status images. Initially in life many status/roles are enacted. When any status/role becomes over specialized and over committed as to a hero-image other status/roles atrophy. With the development of a single status/role dimension and when that dimension is supported by others total commitment to the ideal hero self is formed and fixes the role and behaviour of the self. A full social and psychological commitment to that status/role has occurred. Individuals usually enact many roles and derive personal and social identity from a variety of sources: physical attributes, family, occupation, achievements, athletic endeavor and recreational pursuits. Commitment, of and by itself and to varying degrees is a healthy natural evolvement as one moves through life. It is only when the derivation of identity is attached to a singular status/role or to an elusive hero image that commitment becomes a source of concern.

Attachment to statuses, when they become "life" leaves the role performer vulnerable to misadventure, which is often beyond personal control. Total life commitment to a role and role performance from

which identity and self-esteem are derived are evident in the life of the 64 year old corporate executive who believed the way to success and nurturance was through intellectual prowess and the consequent power and position of prestige. He had gained this sense of self from his interaction with others who valued him for these qualities and achievements. This role and the man became one, a full social and psychological commitment had occurred.

Another illustration of commitment is Anna, who as a young woman dreamed of her own home and family. She had definite ideas of what a happy home and family would provide and she was committed to this life plan. For Anna, her sense of self and identity was to be a mother and wife. Anna married, had a family and discovered she was unhappy. She realized her marriage was not meeting her needs and expectations. Her husband frequented the bars, stayed out overnight, was indifferent to her and the children, and finances were always a problem. Anna found a job to ease the financial difficulties and became involved with a man at her place of employment. With the promise of a new and better life, a happy home and loving family, she divorced her husband, remarried, and the new family moved to another city. The nature of her commitment and definition of her role remained intact. She chose to pursue her commitment one more time the old way, only better. The beliefs and behaviour of what constituted a happy home were not addressed, rather, that she was not a happy housewife and was determined to be. Interpretation and adjustments of her role definition were frozen in total commitment.

Myths of power and home-making providing identity, success and nurturance are prevalent in north american culture. A literary example of the myth of the American Dream is portrayed by the character Willy Loman in Arthur Miller's, Death of a Salesman. Willy Loman believed in the power of personality, appearance and charm as the path to success. To be a success and derive nurturance and self-esteem depended on who you knew and the smile on your face. His commitment to this belief formed the core of his identity as a man, father and salesman. The role of salesman and the self became one. Commitment involves living up to the definition and image of the self. As individuals perform in accordance with their beliefs and develop commitment to a special singular role, particular motives, meanings and actions evolve in relation to that definition and performance of that sense of self.

Communication. Individuals are engaged in relationships with others in a context. Communication is the channel through which individuals come to know others and become known to others. Definitions of the status/role dimensions of the self, others and the situation are formed through symbolic interactions or communication. These definitions determine the choice of behaviours available to the individual.

Individuals who are over committed to a status/role dimension develop specialized and idiosyncratic definitions of the self, others and situation. They become isolated from contact with others by withdrawing into private meanings and by the inability to understand or take the role of the other. The definition of the self and others becomes closed, fixed and unavailable to the interpretations and

adjustments of self-corrective experience. These narrow private meanings serve to block communication channels. Miller describes three forms of communication blockage: depletion, discontinuity and distortion. Depleted channels occur when individuals lose their communicative link between the self and others through various forms of physical separation or death. Emotional distance is the essential feature of discontinuous channels as it refers to the disengagement or the reduction of efforts in communicating. Disengaged or emotionally distant communications may continue on a superficial level but the nature of the communication precludes any deep personal meaning or importance. Distorted channels refer to types of communication known as "double binds" which are characterized by the conflict of meaning between verbal and non-verbal messages.

> Communication as the channel for knowing others and becoming known to others is described as the interchange of gestures through which consensus is developed, sustained or broken . . . . Some measure of temporary identification with another person is essential in all communications; it is only by placing oneself imaginatively in the position of another that one can guess his inner feelings . . . each person's conception of the world is constantly buttressed through communication . . . . If for any reason a person withdraws from a group, he runs the risk of losing contact from others, his hypotheses become more difficult to test and meanings lose the support they otherwise would enjoy. Isolated people of necessity act more in terms of private meanings, which

> may be internally consistent with one another but senseless to other people . . . there seems to be a general relationship between isolation from others and the deterioration of conventional behaviour patterns. The inability to understand others often leads to more difficulties, and one may retreat even further until in the end all channels of communication are cut off--as in insanity. Rigidity of meaning in the face of contradictory gestures is likely only when a person is insensitive to those about him. (Shibutani, cited in Miller, 1967, p. 78)

Open communication permits the definitions of the dimensions of the individuals status/role to be open ended and provides for reality testing and self-corrective experience. This allows the individual to be flexible in regard to the variety of roles assigned and performed by the self. Roles performed with regularity provide the individual with a sense of consistency, stability and meaning. Role enactment, to many or to a singular role may continue on undisturbed as long as the nature of the communication channels support the definitions of the status/role dimensions. Communication allows for the development, maintenance and change of status/role dimensions and definitions of the self.

The communication channels of the corporate executive supported his beliefs and definition of the self. He was successful, powerful and valued in his chosen status role dimension by his colleagues, his family and himself. Other dimensions of the self were not entertained as valuable in contributing to his sense of self. His communication maintained his sense of self as fixed, closed and unavailable to adjustment or expansion.

Anna's communication channels served to motivate some level of change. However, interpretation and adjustments were directed at her role partner while the definition of her role and role commitment remained intact. The information she received in communication did not alter her beliefs, her meanings, or expectations of nurturance in regard to her role as a wife and mother. She expected to be fulfilled and for her spouse to meet her emotional, physical, and financial needs. Anna had not concerned herself with friends as the family was to deliver to all her needs. Moving to a strange city served to isolate and eliminate opportunities for outside support, or for her to examine her beliefs and attitudes regarding marriage and redefine her role, the role that was to provide purpose, meaning, nurturance, self-esteem and a secure sense of self. Her definition of role remained fixed, closed and unavailable to interpretation and adjustment of self-corrective communication and experience.

Willy Loman's communications were also blocked by his beliefs. Others, who did not demonstrate or espouse his recipe of appearance, personality and charm to provide the key to success were viewed negatively. To maintain his private meanings he ignored or denigrated those who did not share his beliefs. Rigidity of meaning in the presence of contradictory communication and experience occurs through insensitivity and the inability to understand others. Willy did not hear, see nor accept the possibility of alternate viewpoints. He was captivated by the myth of the American Dream portrayed as a vision of his successful, adventurous and gregarious brother. Lured by myths and

personal meanings, Willy's definition of his role and his definition of the self remained internally consistent, inflexible and not open to modification. When radical change or crisis occurs in the life of the individual the nature of commitment and communication become critical.

Crisis. Radical changes become turning points in ongoing lives. These critical incidents signalling change occur when the individual loses mastery of the situation--when the self, others or the situation create consequences beyond the understandings or control of the individual. The individuals understandings and definition of the self, others and the world no longer apply. In crisis, the sense of consistency, stability and meaning are threatened.

> Thinking as usual may be maintained as long as some basic assumptions hold true, namely: 1) that life and especially social life will continue to be the same as before . . . ; 2) that we may rely on the knowledge handed down to us by parents, teachers, governments, traditions, habits, etc.; 3) that in the ordinary course of affairs it is sufficient to know something about the general type or style of events we may encounter in our life - world in order to manage and control them; and 4) that neither the systems or recipes as schemes of interpretation and expression nor the underlying basic assumptions just mentioned are our private affair but that they are likewise accepted and applied by our fellow men.
>
> If only one of these assumptions ceases to stand the test, thinking as usual becomes unworkable . . . then a crisis arises . . . it overthrows precipitously the actual system of relevances.

> The cultural pattern no longer functions as a system of tested recipes at hand; it reveals its applicability is restricted to a specific historical situation. (Scheutz, cited in Miller, 1967, p. 89)

The meanings and definitions of the self, others and the world are formed through contact and the channels of communication. When a discrepancy comes to be seen by the self between the self's definitions and those of others or the situation a crisis occurs from the incongruence and divergence of meaning. The individual searches for meaning and validation of the self definitions through taking-the-role of the other and the ongoing evaluation of the self against the appraisal of others.

The corporate executive was engulfed in crisis as the result of reduced function caused by organic brain damage. The organicity threatened his definition of the self, his role performance, and self esteem. His search for meaning and resolve of the discrepancy, given his singular role commitment and the communication channels that served to support his definition and block alternate definitions, produced a suicidal crisis. His evaluations of the self as well as his perceptions of the appraisal of others validated his pre-crisis self definition. Seeing no alternative role definitions providing self-esteem or alternate visions of the sense of self, he suicided.

In Anna's new family unit, her expectations of a happy home life began to fade. She had expected a man, husband and father to "be everything for her" and that the family would live in harmony and

togetherness. This was not to be. She experienced a discrepancy of meaning. Her understandings did not apply, and thinking as usual ceased to be workable. In isolation and withdrawal she was unable to find validation or redefinition of her status/role dimension. She had no alternative definition of meaning, value and purpose. There was no other definition or sense of self other that as role of wife and mother. Unable to accept the failure and unhappiness of her second attempt to secure a definition of herself as a happy wife and mother or provide her children with a happy home life she became depressed and sought to dispell the anguish with alcohol. Finding no relief, she put on her wedding dress and shot herself.

After many years of success, Willy's personality and smile failed to make sales and his long term contacts failed to appreciate him. As sales dwindled he struggled with the discrepancy of meaning. When he was fired his universe collapsed in crisis. His assumptions, knowledge and experience of the workings of the world were no longer valid or relevant. The system of meanings he had lived by and taught his sons no longer applied. He struggled to understand and find validation for his beliefs. The crisis experience, and his sons, confirmed that his beliefs of a life time were inadequate to manage and control the course of events. These beliefs formed the core of his role occupationally and were internalized to mean his sense of self. His beliefs were no longer relevant, nor was he. Willy had no other definition of a status/role dimension or vision of the self. Commitment and adherence to a rigid, narrow and superficial myth as the sole basis of the definition of the self was precarious. Willy had protected his vulnerability through

blocked communication channels. Crisis occurred when his understandings no longer applied and he no longer had control of the situation. With his system of beliefs and sense of self invalidated, Willy committed suicide.

Five Components of a Basic Suicide Syndrome

Warren Breed's (1978) "Five Components of a Basic Suicide Syndrome" outlines the dynamics of a model similar to Miller's. Breed and Miller base their positions on the view that one's sense of self or self definition is formed from the ability to take the role of the other and evaluate the self against the appraisal of others. Where Miller proposed the three concepts of commitment, communication and crisis Breed proposes five concepts: commitment, rigidity, failure, shame, and isolation to account for the development of a suicidal crisis.

The concept of commitment is similar in both models. Breed describes commitment as the "extreme internalization of the cultural norms of success" (p. 6) which he likens to the strong "internal restraints" of Henry and Short and Durkheim's "unobtainable goals". This is consistent with Miller's idea of cultural myths which encourage the adoption of a "hero-image" forming an all embracing commitment by the individual.

Breed noted that in his experience suicides seem unable to blend or change, especially to shift roles or goals. They were constricted and lacked flexibility clinging to old commitments during episodes of

failure or sudden change. Rigidity, Breed's second component, was described by Miller as part of the process involved in total commitment.

Failure, Breed's third component, was derived from his observations of the failure experience of male suicides who had been fired, demoted, passed over or suffered business reverses. Women also fail, but in the domain of the family. He believes failure is role specific and connected to the role of top priority which is based on sex--work for men and family for women. Failure is tied to a structural role-performance dimension and fulfills the same function as crisis in Miller's model.

Shame, the fourth component is the individual's response to failure in a major role. It is a penetrating reaction encompassing the whole self. Failure, and the anticipated negative attitudinal reactions of others, present an overwhelming assault on the self's sense of self and esteem. Anticipating negative evaluations from others, and feeling the stigma of failure and self-exposure, the individual moves away from his/her old contacts and avoids the development of new ones, experiencing isolation, Breed's fifth component. Shame and isolation are dynamically similar to Miller's concept of communication. Shame also functions in a manner similar to the despair and negative evaluation experienced in crisis in Miller's model. The combination of the five components: commitment, rigidity, failure, shame and isolation produce the mechanism for the suicide decision (Breed, 1967; 1972).

In either model, the essence is that when an individual experiences a crisis or failure of a strongly committed priority role, the individual, because of social isolation, rigidity and the inability to

shift roles and goals, is not open to correction, validation or innovation of the self image. Feelings of worthlessness and despair spiral the individual into a suicidal condition as the individual cannot live without self esteem and a secure and valued sense of self.

Summary and Discussion of Social-Psychological Explanations

The social psychological models of suicide: Smith's Ego-Vulnerabilities, Miller's Symbolic Interaction Model and Breed's Five Components of a Suicide Syndrome all encompass the individual and the environment and examine the interactive effects of society and the individual. They focus upon a meaningful exploration of the individual and suicidal crisis through the understanding of the definitions and views the individual has of the self. By knowing these views it is possible to anticipate suicidal crisis, to develop prediction and ultimately control and therapy.

For Smith the focus is towards anticipating suicidal crisis, knowing under what circumstances the individual is likely to be most suicidal. These circumstances or conditions are anticipated by discovering the life fantasy; the individuals particular views of the self and others, the individuals expectations about nurturance and self esteem and the individual's suicidal intent, as communication or as the intent to die.

Smith's model is consistent with psychoanalytic understandings of suicide which views suicide as stemming from the nature of identifications and the ego splitting dynamics experienced in object

loss. Smith basically views suicide as stemming from object loss, the loss of symbolic representations represented as the life fantasy. The resulting hopelessness motivates suicide. His model accounts for the individual and the interactive effects of society and the individual allowing for the understanding of individual suicides and their subjective meanings. The model is clinically and intuitively oriented and includes the examination of both cognitive processes and the affective state. Smith does not present information regarding assessment techniques or operational definitions for empirically testing his model. He leaves open how groups differentiated by age, sex, ethnicity, level of intelligence or occupation may vary according to his assessment model. He directs his comments of the assessment of the intent of suicidal behaviour to the lethality of attempts and offers little direction for assessing the nature of suicidal intent prior to attempts.

Miller's model predicts suicidal crisis through the examination of the individuals psychological commitment to a singular status/role definition such as a hero-image, the nature of the individuals communication networks, and an understanding the individuals subjective meanings of crisis when their understandings and definition of self and of the world no longer apply. The analysis of commitment, communication and crisis provides the understanding of the cumulative process predictive of suicide.

Breed's Model is conceptually similar to Miller's and both base their positions on the view that one's sense of self and self definition is formed from the ability to take the role of the other and evaluate

the self against the appraisal of others. As such, both models are embedded, to varying degrees, in social conditioning. Where Miller proposed the three concepts of commitment, communication and crisis Breed proposes five concepts: commitment, rigidity, failure, shame and isolation to account for the development of a suicidal crisis.

Miller views suicidal behaviour as evolving from a process of involvements of the self in interaction. The model was tested in three studies. The first was a study seeking indicators of commitment, communication and crisis in the the lives of individuals. The second was a survey of self-attitudes of three comparative groups to determine similarities and differences. "As the abstract concepts of commitment, communication and crisis were difficult to operationalize and measure, efforts were made to indirectly examine attitudes about the self and others which would reflect a rigid, perfectionistic, alienated personal ideology" (Miller, 1967, p. 157). Two types of techniques were used: (a) open-ended questions regarding the person's attitudes toward the self, the reference group, the ability to take the role of the other and the individual's definition of the situation, and (b) a variety of psychological tests. The two techniques allowed measures of commitment, communication and crisis. The findings supported the model. The third study was a before and after follow up of individuals hospitalized after a serious suicide attempt. Predictions were made as to future suicidal behaviours. The predictions were based on attitude change as over commitment can only be maintained in the absence of communication. The predictions were accurate.

Miller's studies are replicable although some of the assessment procedures are cumbersome. Breed supports Miller's model conceptually from clinical experience, and empirically, Breed's studies of the five components of a suicide syndrome support both his own and Miller's model.

These three models base their assessment and understanding of suicide, fundamentally, on the nature of the self. In an examination of the theoretical positions regarding the self and suicide in these models, to expand the understandings of the self in relation to suicidal behaviour and to generate understandings that may add to the explanation of suicidal processes self theory was reviewed and major issues of the self, particularly in relation to suicide are presented in the next chapter on self theory.

CHAPTER 5

Self-Theory

Research and the Self-Concept

Wylie (1974) examined the empirical literature regarding the self and found the self-concept research to be inconclusive and confusing. This conclusion was based on the vagueness of theoretical statements, the resulting difficulties with operational definition and other methodological problems, and deficiencies of the studies themselves. Other reviewers have reached similar conclusions. Diggory's review of the self-concept literature refers to "the utter bankruptcy of it all" (cited in Jackson, 1984 p. 4). The inconsistencies and contradictions of self-concept research have generally been attributed to lack of rigor. The increased sophistication of experimentation in the years following the reviews by Wylie and Diggory has produced a divergence rather than a convergence of information. Jackson (1984) believes that the advocates of increased rigor (new experimental and statistical techniques, the validation of a small body of research instruments) are making statements of faith about the experimental method. He doesn't believe this approach will lead to a better understanding of the phenomenal self. Jackson believes the problem lies in the application of the experimental method to the study of self which he considers to be "not a determinate process like the ones studied in the physical

sciences; its nature lies rather in its subjective character and ever changing manifestations and implications" (p. 5). From this view, the experimental method disregards a critical factor about human experience; specifically, that important phenomena like self-concepts are defined by subjective meaning. On this point the understanding of self and suicide share a similar concern. Douglas (1967) and Baechler (cited in Smith and Bloom, 1985) have both advocated that suicide be studied in in terms of subjective meanings.

A variety of theoretical perspectives accord an important or even central role to the self. These perspectives differ on a number of points: their terminology, although many terms are defining the same concept; their consideration of the process of self-formulation; their consideration of the levels and dimensions of self and self-understanding; and the role the self plays.

Self-Terminology and Dimensions

The concept "self" is used in many different ways. Wylie's (1974) review of the self-concept literature considers the usage of the word "self" as referring primarily to "the self as agent" or "the self as object". Self-theory, sense of self, self- concept, self-image, self-structure, and self-constructs are often used interchangeably and may refer to either meaning of self. Self-process, self-formulation, self-construction, and identity formation generally refer to "self as agent" but may also involve aspects of the "self as object". Wylie also noted the use of self referent constructs beyond the simple agent-object dichotomy which imply behaviour influencing characteristics to the self,

and still other referents which she believed extended beyond either of the meanings described. Such referents were those described as growth tendencies like self-actualization.

As Wylie noted, the major problem for the empirical study of the self is found in theoretical conceptualization with the resulting lack of clear referents for operational definition of the constructs. This is particularly so in reference to conscious and unconscious levels of the self and the inclusion of phenomenal and non-phenomenal variables. Wylie states that most self-concept theorists wish to be consistently phenomenological, studying direct awareness, according a central role to conscious perceptions, cognitions, and feelings of individuals. This becomes problematic as theories present vague, ambiguous, and sometimes contradictory statements of their postulates, the interrelationships of the postulates and the role of conscious and unconscious factors in the process of the self. Wylie quotes Rogers' writing on the self which illustrates the concern with the phenomenological orientation, the central role of the self and the importance of the behaviour influencing characteristics attributed to the self.

> 'The self-concept or self-structure may be thought of as an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and goals and ideals which are

perceived as having positive or negative valence (Rogers, 1951a, p. 136). This configuration . . . serves to regulate behaviour and may serve to account for uniformities in personality (Rogers, 1951a, p. 191). As long as the self-Gestalt is firmly organized, and no contradictory material is even dimly perceived, then positive self-feelings may exist, the self may be seen as worthy and acceptable, and conscious tension is minimal. Behaviour is consistent with the organized hypotheses and concepts of the self-structure (Rogers, 1951a, p. 191). Although the individual whose self-concept is incongruent with reality may be vulnerable, the extent to which he dimly perceives these incongruencies and discrepancies is a measure of his internal tension and determines the amount of defensive behaviour' (Rogers, 1951, pp. 191-192). However, it becomes obvious in other places that processes such as drives, unconscious motivation, repression and denial are at least tacitly assumed to occur and to determine behaviour, even though it is never clearly specified how such non-phenomenological constructs are to be articulated into the theoretical system. For example, 'He may have some experiences which are inconsistent with his perception, but he either denies these experiences to awareness or symbolizes them in such a way that they are consistent with his general picture. While these concepts are non-verbal, and may not be present in consciousness, this is no barrier to their functioning as guiding principles; (Rogers, 1951a, p. 498). In general, the problems and limitations of phenomenological

theorizing have not been squarely faced by proponents of self-concept theories (Wylie, 1974, pp. 9-10).

Conceptualizations about the self are found in psychoanalytic, social-psychological and cognitive theory. Each perspective struggles with issues relating to the essential dimensions of the self, the process of self-formulation and the role the self plays.

The Self and Psychoanalytic Tradition

Self: Image or Ego

Farberow (1969) reviewed the literature with a view to the connections between identity and suicide. He considers there to be two central proponents in the development of self-theory, those stemming from the psychoanalytic literature and those from a social psychological perspective. From the psychoanalytic literature he credits Jacobsen's (1964) "The Self and the Object World" as detailing the shift of the concept of identity from physical and mental self images to the sociological perspective (Farberow, 1969). From this perspective the sense of self or identity emerges as the ego identifies with aspects of the social situation, the object world. Stewart (1983) believes this approach confines the concept of the self to structural theory and the functioning ego through ego identifications. On the other hand, object-relations theory reflects the mental representations of self-other relations as image. In object-relations theory the sense of identity or self image is developed and clarified through the responses of the object images in interaction. In this sense self and ego are not the

same. Ego represents the functioning personality and the self represents the image and identity of the personality. Stewart suggests that both theories are conceptualizing one process, function and image are both aspects of the self. The term self-ego is proposed to resolve this as "while the self is known from experience in self-other relations, it is controlled and organized through the ego. This view is congruent with structural and object-relations theory" (p. 207). The confusion of the terms self, image and ego stem from the various ways Freud used them and how they relate to structural theory and object-relations theory or the dichotomy outlined by Wylie as "self as agent" or "self as object". The confusion rests on the underlying assumptions of the role of the self, as image or ego and the concept of self function as static or dynamic.

Self Function: Static, Dynamic or Motivational

The self as a static concept is viewed similarly to a stable trait functioning automatically. Jackson (1984) believes the static self concept bears a resemblance to the ego as an apparatus or regulator of impulses which functions automatically and is not changed by its own actions as their is no reflective capacity inherent in its structure. Image, however, has a reflective capacity and this is how the self comes to be known in self-other interactions of object-relations. Through "image" and its reflective capacity the concept of self becomes a dynamic rather than static principle. The concept of self-ego is viewed dynamically allowing for the possibility of change mediated by reflection. The static concept of self limits the self to the

functioning ego and to a specific understanding and way of thinking about one's behaviour. Through the concept of self-ego the behaviour influencing characteristics of the the self are clarified and the self-concept becomes motivational. As behaviour and action are organized and directed by the individuals understanding of the self as well as their understanding of others and the situation, the concept of self-ego expresses this interplay.

The self as a motivational principle and structure directing and influencing behaviour has been developed conceptually by a number of authors. Lichtenstein (cited in Farbeow, 1969), an ego psychologist, emphasizes the continuity of identity experience and introduced the concepts of "identity theme" and "identity principle" as a "principle that controls all human developments. It has priority over any other principle or need, including the need for survival" (p. 52). Lichtenstein (cited in Jackson, 1984) discusses the identity theme as a structure developed in early relationships which provides direction and guidance in the individual's efforts to develop and define the self. This concept is also seen in Berne (1964) and Steinar (1974) through their analysis of life scripts as life plans formed in early relationships which are acted out repetitively and systematically by the individual. Jackson notes that the existentialist Sartre also "examined the lifelong 'project' of the human subject attempting to transcend prestructured roles through action in the social and material world" (p. 49). Erikson, an ego psychologist, developed a comprehensive theory of the development of the self as an identity theme.

Self-Formulation: Erikson's Ego Psychology

Ego psychologists perceive a different role for the ego than that conceived by traditional structural theory which sees the ego as a set of defenses against strong inner drives. They conceptualize the ego as operating in a manner beyond that of a regulating apparatus, rather as a way of functioning to assist individuals adapt to their experience in relation to society. Ego psychology involves a way of examining, analyzing and explaining the functioning of the self and emphasizes the integration of biological and psychosocial forces. Attention is given to the interpersonal, cultural and personal historical experience of individuals in the course of socialization (Ryckman, 1982).

Erikson's theory of identity formation proposes an eight stage model of developmental periods. This model is based on a definition of the self as an ego-identity, a "psychosocial identity, defined as more than a personal identity. It is at once subjective and objective, individual and social, and depends on a complementarity of synthesis and role integration" (Farberow, 1969, p. 53). Stewart (1983) describes the concept of self-ego as an "elaboration of the self corresponding to Erickson's concept of ego-identity which allows an extension of the concept of the self to include not only ~~image, function~~ and identity, but role too, an effect of the external world on the personality" (p. 207).

The eight developmental periods of Erikson's model are described in terms of the individuals social experiences. Each stage is marked by a particular psychosocial crisis that must be confronted and resolved by

the individual. Crisis refers to a developmental turning point and the individuals psychological efforts to adjust to the demands of the social environment at each stage of development. Successful resolution at each stage is seen as mastery over experience resulting from and contributing to the development of a secure sense of self or ego-identity. The positive resolution of each crisis contributes to the strengthening of the ego and to the likelihood of future crises being resolved positively. The converse is also postulated. The stages are interrelated and dependent upon one another, each stage building on the ones that precede it, either positively or negatively. The concept of failed life-stage transitions implies that development did not proceed normally. Developmental deficiencies may accumulate slowly over a lifetime as a result of only partially resolving life-stage crises. Continued development may be inhibited by the earlier failure to master age-stage related tasks or resolve life-stage transitions. Inhibited development is referred to as developmental stagnation (Maris, 1981; Ryckman, 1982).

Failed life-stage transitions and developmental stagnation may lead to the development of a "negative identity". A negative identity is conceived by Erikson as an identity formed when an individual commits to the opposite of the ego-ideals held by significant others. This commitment to a negative image is made when an individual feels positive image ideals are unobtainable. Individuals who believe that desirable goals are unobtainable and that all alternatives are closed, are operating from, in Erikson's term, a perspective of totalism. This

concept describes rigidity and inflexibility termed by others as dichotomous thinking (Neuringer, 1964) or constriction (Ringel, 1973; Shneidman, 1976, 1984), or dilation and constriction (Kelly, 1961). Totalism or dichotomous thinking reflect an either/or, all or nothing type of commitment which the individual also evaluates dichotomously as total success or failure.

According to Erikson, those who have failed to successfully resolve the crisis inherent in their life cycle stages have confused identities. Their egos are weak and fragmented and they are unable to relate to others or function well in society. These individuals have been unable to integrate their experience into their self-theory. They lack a secure sense of self or ego- identity. Identity for Erikson is not achieved once and for all during adolescence although adolescence marks a particular developmental period for which identity is particularly critical. If identity concerns are not resolved during that period a search for identity can occur at later stages.

Suicide Research on Erikson's Identity Formation

Maris' (1981) Pathways to Suicide, examined suicide in relation to the concept of developmental stagnation resulting from failed developmental tasks and life-stage transitions. From Erikson, Maris' study assumes the accumulation of repeated failed developmental tasks and stage transitions creates stress and disruption in ongoing lives. As a result of these failed or partially resolved crises, developmental stagnation, negative identity, or a perspective of totalism may develop. Suicide may be predicted as a result of these repeated failures and

increasing stress. Most suicides occur at the interstices of stages and in later developmental periods (Maris, 1981).

Maris' (1981) study presents data relevant to the hypotheses of elevated suicide risk in relation to failed developmental tasks and developmental stagnation.

> Several generalizations about suicide can be drawn from these data. First, for white males there is a nearly perfect linear association of suicide rates with age. Second, by the ages forty-five to fifty-four the white female suicide rate has peaked, and in this age group the rate for white females actually exceeds the suicide rate for black males. Third, black male and black female suicide rates closely approximate the suicide rate patterns for white females, although black male suicide rates exceed black female rates at every age (pp. 42-43).
>
> At least three broad age groups deserve special attention: the young, the middle-aged, and the aged white male. Overall the greatest age distribution discrepancy occurs from birth to about age twenty . . . . Although suicide or death is especially tragic and perhaps unnecessary early in life, the most dramatic fact about suicide is that it is virtually absent among the very young (p. 42).
>
> The advancing rate of suicide with age sometimes encourages one to forget that the typical suicide is middle-aged . . . . It would seem that suicide rates rise just before and just after middle age (especially among white males). This pattern would

suggest, some kind of life-stage-transition crisis which is negotiated by suicide. The greatest prevalence disparity between male and female suicides occurs in the fifty-five to fifty-nine age group . . . . For male suicides these data suggest failed anticipatory socialization to retirement, related work problems, downward mobility, and attendant implications for one's self-image, sense of financial well-being and so forth . . . . The first significant absolute excess of female to male suicides occurs in the forty-five to forty-nine age group. This is the category in which the female suicide rate peaks. Interestingly, this is the time when the meanings of femininity shift; it is especially the time of menopause and the time when children (and occasionally spouses) leave home. Breed, following Hendin, found that loss tended to be central in suicide. For the men, loss of position or job was particularly important; for the women, loss of person (usually the mate) was central to suicide (pp. 43-44).

Although much has been written about suicide among the young, among women, and within minorities, most data still point to the older white male as the prototypical suicide. Regardless of the country of birth, the suicide rate for males generally increases linearly with age . . . . In addition, the older male is much more likely than the older female to utilize highly lethal methods . . . . One suspects that the answers do not lie completely in the conditions of the aged but rather in the entire developmental history of white males and in the meanings, habits, and adaptations they have acquired over a lifetime (p. 45).

From Maris' study support is given to the hypotheses that suicides tend to occur at ages that suggest developmental problems, at the interstices of major life-stages during role transitions. Developmental stagnation can be a major product of failed life-transitions or failed developmental tasks. The primary focus of Maris' study was developmental stagnation. He presents a table of variables relevant to developmental stagnation. The results can be summarized as follows:

Not significant at .05 level	Significant at .05 level	Significant at .01 level	Significant at .001 level
Early trauma, multiproblem family of origin, negative interaction	No marriages, seen as family failure, anomie, rigid thinking	Suicide in family	Number of close friends, no social participation, dissatisfaction with life accomplishments, wish to change nothing, death as escape from pain, wanted to die, hopelessness

(Maris, 1981, p. 56)

The most significant differences between the suicides and nonsuicides focus primarily on the last stages of development. Except for a history of suicide in the family, early developmental factors like early trauma or coming from a multiproblem family are not significant. Several of the significant variables are social--namely, number of close friends, no social participation, no marriages, and being seen as a failure by friends . . . . Suicides tend to be more isolated than natural deaths. This is true generally throughout the life of the prospective suicide . . . . It seems clear . . . that virtually no suicide scored high on all

> . . . developmental variables . . . . All things considered, the tables do not tell us enough about developmental stagnation in suicides . . . . We need a more elaborate definition of the life structure that is thought to stagnate and then collapse in the final act of suicide. According to Levinson, "life structure" is the underlying pattern or design of a person's life at a given time. The pattern is determined by choices about a life dream, occupation, love-marriage-family, mentoring relationships, and mutual friendships (pp. 56-58).

The Self and Social-Psychological Theory

Self-Formulation: James' Self-Aspects of I and Me

An essential psychological problem of selfhood is in how it is possible to get outside of the self in order to become an object of the self. The process of identity formation, the formulation of the self as process is based on understandings of the self as object. These understandings are organized by the self as agent, and both aspects involve reflection. William James (cited in Farberow, 1969; Leahy, 1985; Miller, 1967) began the consideration of the self-as-object. His insights into the processes of the development of the self were founded on the notion "the meaning of any idea can be found ultimately in the succession of experimental consequences it leads through and to" (Miller, 1976, p. 48). He saw the process of self-formation as reciprocal being simultaneously a cause and effect in the ongoing formulation of the self. The self is formed through reflection and

integration of the aspects of the self as agent and object. Self understanding, for James, proceeds from the "Me" (self as object) and "I" (self as subject or agent) aspects of the self.

> The Me aspect is the sum total of all a person can call his. The primary elements of the Me are called the constituents. These constituents are the actual qualities that define the self as known. They include all the material characteristics (body, possessions), all the social characteristics (relations, roles, personality), and all the spiritual or psychological characteristics (consciousness, thoughts, psychological mechanisms) that identify the self as a unique individual . . . . The I is the self as knower, the aspect of self that continually organizes and interprets experience in a purely subjective manner. The individual is aware of the I through . . . experience . . . . A stable self-identity derives from a sense of continuity of the self as knower . . . . Each of us spontaneously considers that by I he means something always the same. A feeling of individuality, of distinctness from others, also derives from the subjective nature of the self as knower . . . . A sense of personal volition is perhaps the quintessential experience of the self as knower . . . . Implicit in the experience of each of these self-features (continuity, distinctness, and volition) is the additional . . . awareness of the self-reflectivity that knows the nature of the self. (Hart & Damon, 1985, pp. 159-160).

Self-Formulation: Cooley and Mead's Reflected Self

Cooley (cited in Farberow, 1969; Leahy, 1985; Miller, 1967) examined the concepts of "I" and "self" and developed the concept of the "looking glass self". The social self or looking glass self was considered to be developed from the reflected experiences with others. Mead (cited in Farberow, 1969; Leahy, 1985; Miller, 1967) expanded on these notions and developed the "symbolic interactionist point of view that only as we adopt the reference point of another person can we view ourselves as objects with various characteristics" (Farberow, 1969, p. 50). The perceptions of how the self appears in the eyes of others was termed the taking-of-the-role of the other and constitutes "the subjective and the on going evaluation of the self against the appraisal of others" (Miller, 1967, p. 54). Mead (cited in Hart & Damon, 1985) suggested that although the I is impossible to study directly it could be investigated through the Me. Self-understandings are generally applicable to the descriptions of others. Other understandings can be ascribed to the Me or the I. Individuals can consider others as objects, their physical, social and psychological qualities, as well as others continuity, distinctness, volition and self reflectiveness as they can consider these qualities as components of the Me or I, and make comparisons or appraisals. Groups to which an individual refers as a basis of comparison and the source of self-evaluation are termed "reference groups". Membership groups or primary groups characterized by face-to-face interaction are composed of "significant others".

"Generalized others" are those from whom the self incorporates the the norms and values of the larger society.

Self-Understanding: James, Cooley and Mead

The process of self formulation involves understanding the I and Me aspects of the self and of others. To achieve identity or self definition it is necessary to have understandings of the I, the self as knower, with a sense of self continuity and believe that the self as agent is capable of exerting influence on the world. Self-understanding and action result from these understandings of the I, and the understandings of the self as object, the Me aspects, derived from interaction with others in the social world.

The socialized self of Mead and Cooley's looking glass self represent a reflexive process of developing self understanding which produces a self that is generally more role dependent and public. The mutual interplay of role taking involving views, both of the self and of others indicates reflective cognition as it is applied to the social sources of the self rather than assuming the self is embedded in social sources. Mead's model of the development of self understandings assumes a high level of cognitive differentiation to permit the differentiation and integration of social sources as a source of information about the self. Reports "indicate that with increasing age there is a decreasing association between self views and perceived social views of the self" (Leahy & Shirk, 1985, p. 132). Also, Herzberger's (cited in Leahy & Shirk, 1985) studies of self conceptions of mature individuals tended to show greater descriptiveness and depth than did their social self

conceptions. Cognitive level did not account for social self conceptions.

> The character of the relationship between perceiver and perceived is relevant in the formation of social self conceptions. This is consistent with Peever and Secord's (1973) findings that the degree of differentiation and use of dispositions in peer descriptions depended on the affective valence associated with the target person (Leahy & Shirk, 1985, p. 133).

Mead and Cooley's reflective self gives way to a self that is role independent, private and unknown by others and changeable across situations or domains. Selves exist in relation to others in awareness that the self and other are different.

Self-Understanding: Role Theorists and Interactionists

The logical development of the symbolic interactionist viewpoint is found in social psychological role theorists and role interactionists. Miller (1967) quotes role theorists Mills and Gerth describing the formation of the self:

> Man as a person is a historical creation, and can most readily be understood in terms of the roles which he enacts and incorporates. These roles are limited by the kind of social institutions in which he happens to be born and in which he matures as an adult. His memory, his sense of time and space, his perception, his motives, his concept of self . . . his psychological functions are shaped and steered by the specific

configuration of roles which he incorporates from his society. (p. 54)

Role theorists conceptualize status as a position in a pattern which confers roles of explicit behaviour upon the individual. Status and role serve to translate the patterns of social life into individual terms. Status and role provide for understandings of the self as object, the Me aspects. Inherent in role enactment are the volitional and reflective qualities of the I, required for role performance and through role performance individuals develop a sense of continuity and distinctness. The characteristics about the self, both the I and Me aspects, are understood through interaction and the subjective and ongoing evaluation of the self against the appraisal of others. Role conflict, inherent to these theories, has been utilized in the understanding of suicide rates as "The Theory of Status Integration" (Gibbs & Martin, 1958, 1974). Role theorists have examined role conflict, strain and accumulation and social isolation as measures of psychological well being (Sieber, 1974; Thoits, 1983).

Role interactionists study face to face interaction and presentations of the self. Goffman (1963) observed and wrote about "Stigma" as a spoiled identity. Stigma refers to the possession of attributes that differentiate an individual from others with whom the individual normally shares group membership. Goffman proposed the concepts of personal identity and social identity which are intermingled. He views personal identity as the differentiation of the self from others to which all pertinent facts and aspects of social identity are attached. Personal and social identity are part of the

self's definition of the self and part of the others definition regarding the self. Individuals develop their image of the self from the same pool of information from which others develop a social and personal identification of the self. Ego-identity is the individuals subjective interpretation. Differentness is derived from knowing society as distinctions of stigma, deviance or normality are aspects of the same information. To know about one you know about the other, a double-role social process. Both perspectives are utilized when engaging in the taking-the-role of the other and in evaluating the self against the appraisal of others. (Farberow, 1969; Goffman, 1963).

The concept of status and role presume that status and role exist in a context of shared goals, obligations, attitudes and perceptions. It is within this context that differentiations are made by individuals, about themselves and about others. These differentiations form constructs providing individuals with their personal and social identities. Such constructs prescribe what people should do and also describe what people actually do and how they manage the images of their their self-system.

Suicide and the Self: Social and Personal Status

The concepts of social status and personal status distinguish between the status obtained and held by the self in the eyes of others, social status; and status obtained and held by the self in the eyes of the self, personal status. Social status and its relation to suicide has been examined by Henry and Short (1957) as the investment in the

retention of a status by the degree of relational involvement with others (a reformulation of Durkheim's position).

Personal status or the evaluation of the self by the self has been examined as low self-concept (Wetzel, 1975; Wilson et al., 1971), self-derogation (Kaplan & Pokornay, 1976), low self- evaluation (Glaser, 1978; Neuringer, 1974; Wenz, 1976), distortions of the self-image (Glaser, 1978), distortions of the self and world (Bedrosin & Epstein, 1984), low self ratings of expected success (Loeb, Beck, & Diggory, 1971), negative self attitudes (Beck & Lester, 1973), negative feeling states (Burke & Weir, 1981), fearfullness of self-other interactions (Nelson, Neilson, & Checketts, 1977), intense self reactions with lability of shifts between polar extremes (Neuringer, 1967), hopelessness (Beck, 1963; Beck & Lester, 1973; Bedrosin & Beck, 1979; Bedrosin & Epstein, 1984; Bjerg, cited in Bedrosin & Beck, 1979; Kovacs, 1975; Maris, 1981), as impotence (Neuringer, 1974), the loss of the self concept (Weiner & White, 1982), the loss of the valued self (Shainess, 1976; Singer, 1977), and the loss of self representations (Lowental, 1977). The self's ability to constantly evaluate its own image and actions is central to the development of the self and particularly to theories of self destruction. These studies have shown negative self-evaluation and attitudes to be a consistent antecedent to depression and to suicidal behaviour.

The Self and Evaluation

Evaluations of the self are the result of reflective activity applied to the self aspects of I and Me from the ongoing appraisal of

the self against the self and against others. Models that direct themselves to self evaluation primarily examine self esteem or self worth. These models struggle with the issue of self worth as uni dimensional, multi dimensional or hierarchical.. Leaning towards multi dimensional they vary in their considerations of the dimensions and the domains of evaluation. Most models accord that the dimensions and domains vary with developmental changes. Conceptually, the developmental models of the evaluation of self worth are intertwined with models of the evaluation of the self concept. The bridge between self worth and self concept lies in "the question that seems to have haunted the self literature for many years: Is the self best characterized as a global self-evaluation or is it more fruitfully viewed as an aggregate of specific self-evaluative judgements across a variety of dimensions or domains?" (Harter, 1985, p. 61-62).

James (cited in Harter, 1985) acknowledged that we make evaluative judgements about the self and over and above these judgements there is a a certain average tone of self-feeling which is independent of the specific objective reasons precipitating evaluation. James considers this to be self-esteem, a ratio of one's successes to one's pretentions. Cooley (cited in Harter, 1985) describes a similar belief, that individuals possess a sense of balanced self-respect, a stable image of self that is not disturbed by specific self-evaluations.

> More recently, Rosenberg (1979) . . . argues that we acknowledge the phenomenological experience of general self- worth over and above the evaluations attached to more discrete

characteristics of the self. He claims that both exist within the individual's phenomenonal field as separate and distinguishable entities, and each can and should be studied in its own right (Harter, 1985, p. 62).

Harter (1985) and Rosenberg (cited in Harter, 1985) indicated the preference to isolate specific categories, each of which is tapped by its own set of items, and to assess general self worth independent of the specific judgements. These approaches treat self worth as a psychological commodity over and above some configuration of specific self evaluative judgements assuming the gestalt of the whole is greater than the sum of its parts. The salience of the elements of self worth needs to reflect and separate the issues of "what I am" from "how good I am" and to consider the salience of elements for the individual, examining self descriptions generated by the subjects (spontaneous) rather than only descriptors subjects respond to (reactive) (McGuire, cited in Harter, 1985). Conceptual treatments and models reflecting assessment and the issues of evaluating self worth and the dimensions of the self have been generated by L'Ecuyer, Shavelson, Harter, Rosenberg, Coopersmith, Epstein, Piers and Harris; and Mullener and Laird (Harter, 1985).

The reflective activity of evaluation produces self esteem ojectified as a sense of self worth. This typically refers to how one feels about one's sense of worth. Historical precedence of the specific role that affect plays in the self-system is found in James and Cooley. The role of affect resulting from evaluative judgements is considered crucial. James believed the emotions that were aroused by the self-

definition through evaluation were integral to the self-system. He divided the various aspects of the self into parts: the constituents of the self or the domains of self-evaluation, the feelings they arouse and the acts they prompt. Affects were not only reactions to self-evaluation, they provided the motivation for the behaviour that followed. Cooley also placed importance on the role of affect. Cooley divided aspects of the looking glass self into parts: the perception of attributes that others ascribe to individuals, the perception of the evaluation of those attributes and the perception of feelings produced by the evaluation. For James and Cooley, the role of affect is one of motivation and mediation of behaviour. This relationship is articulated in the literature of depression and loss and in particular, the role of affect in depression as it relates to suicide.

> Epstein (1973) has been one of the few theorists to resurrect affect as an important component in the self-system. He contends that a major function played by the self-theory is to optimize the psychological pleasure-pain balance and to maintain self-esteem. Epstein notes that in childhood, we begin to observe how threats to the sense of self cause emotional pain, although how such injury to the psychological self comes to be experienced is less than clear. However, Epstein points out that phenomenologically, the feeling is perceived as something in the body that appears to have an identity all its own . . . . He concludes that it is not surprising that the self is conceptualized as a spiritual homunculus rather than as a

hierarchical organization of concepts that assimilates experience and guides behaviour (Harter, 1985, p. 86).

Evaluations of the self are the result of reflective activity applied to the self in interaction. Self-evaluations produce a sense of self-worth which may be understood as a sense of global self-esteem. The specific self evaluations may be discerned from a system of specific constructs, and the feelings produced are understood as motivational and as mediators of behaviour. Behaviour resulting from evaluation is directed and applied to the self-system and the specific constructs producing the evaluation. The emotional and cognitive evaluations are united in meaning, comprising the analytic and the synthetic components of integration. This process occurs when the individual objectifies, reacts and modifies the behaviour of the self. The essence of self-in-process involves the objectifying of the self; the self as agent organizing experience and knowing the self aspects of I in terms of continuity, distinctness, volition and reflection and the system of objectifications of the self as object, produced by the evaluation of the self aspects of me, the images of the self through which the individual defines the self and gains identity.

> The I refers to the activity of the individual reflecting upon his or her experience and reorganizing and expressing it in new ways. The Me refers to the product of this activity, the ever-changing objectifications of personal and social life that make up the individual's conception of the self in the world. These two aspects of the self are in constant interaction. The I generates new constellations of the Me by objectifying itself and then

> responding to these objectifications . . . . Mead calls this process the conversation of gestures between the I and the Me; and he characterizes it as an internalized version of the social interaction by virtue of which one's identity is defined and understood.
>
> From this point of view, it is clear that self and meaning are constructed together. The self is objectified in a context of meaningful interaction; and meaning is progressively organized in relation to an individual's self . . . . To know how and why one feels good about oneself, one must assess and evaluate one's own activity, particularly as it contributes to a meaningful social order. Comprehending the meaning of one's self-esteem, therefore, necessarily involves an act of self-reflection and the systematic objectification and organization of one's experiences into a representation of the self (Jackson, 1984, pp. 186-187).

Self-Formulation: Jackson's Meaning and Self-Esteem

Jackson (1984) believes the nature of the self and the nature of self-evaluation are understood in terms of meanings in thematic terms. He explored how the self was understood and defined as revealed through an experience of self-esteem. He believes the self is the focus and organizing principle of self-esteem. He proposed three categories relevant to the self from which themes emerge revealing the self and the self strivings towards self- esteem. These categories are Ideology, Idealization, and Central Conflict.

Ideology

An Ideology is a set of general conceptions that an individual has about the social world and his or her place in it. This set of conceptions includes two overlapping components: (1) a system of beliefs about what the world is like, which includes, implicitly or explicitly, a theory of human nature; (2) a system of ideals-that is, a system of ideas about how things should be, which includes, implicitly or explicitly, a theory about what one can do to bring this about (Jackson, 1984, p. 36).

These components, the beliefs about the social world and the ideals that guide one always accompany and support one another. Ideologies operate within each individual to a greater or lesser degree and reported experience will reveal a basic structure of organized beliefs about the social world and what one does to be a part of the social world as it is organized and shaped by one's own personal experience. Ideology is the individual's conception of meaning in the world. This meaning establishes the role constructs by which the self is known, corresponding constructs by which others are known, and an encompassing framework of relationships and obligations in which self and other can be understood in interaction. The self is derived from these meanings.

Idealization

Ideology is formed on the basis of personal events, the experiential foundation of beliefs and ideals. Idealization is also formed from personal events. "An idealization is a memory or

description in which an important figure in a person's life history serves as an exemplar of some particular ideal in action" (Jackson, 1984, p. 40). Both ideology and idealization involve the concept of ideals. Ideology refers to the abstract concept of ideals, and idealization refers to the concrete examples that give the ideology experiential reference and specific behavioural guidelines. The nature of the self and the self-strivings toward self-esteem are organized around the thematic content involving particular beliefs and ideals of ideology (meanings of how the world works) and a set of idealized memories (examples or illustrations of the meanings).

Central Conflict

The significance of the ideals of ideology and idealization are revealed through social encounter and interaction. The personal experience of interaction is not always consistent with individual's beliefs, ideals or meanings. Contradictory themes of meanings are encountered as Jackson's third category, the central conflict. A central conflict is a set of memories and concepts which an individual encounters as contradictory thematically when they are experienced in current encounters. The way events are understood is experienced as inconsistent and contradictory revealing a conflict. These events relate to the meanings of how the self is defined and understood in the experience of individual identity and the striving for self-esteem. The experience of contradictory themes indicate some problematic situation,

requiring resolve, that is relevant to the meanings of the self-definition.

> A person's experience of self is given substance and meaning in terms of these themes. For this reason the central conflict can be said to delineate an existential problem in the subject's life, one that is existential in the most fundamental sense, for it concerns the subjects definition of himself or herself as an existing social person. The experience of self-esteem represents the subject's attempt to resolve this existential problem in some specific situation (Jackson, 1984, p. 46).

The self is the focus and the organizing principle of self-esteem and in the dynamic interplay of components the self is organized through the central conflict. The resolution of the central conflict in terms of themes gives meaning and definition to the self. Jackson's viewpoint reflects the self who analyzes and organizes experience into constructs of self-theory (the self as agent or I aspects), the system of objectifications (the self as object or me aspects of image) and the continuing interaction of these aspects in experience.

In Jackson's (1984) sense, reflective self-evaluation of the I and Me aspects of the self, the self as agent and object, provides a system of meaning in terms of which the self is defined. Self and meaning are formed together in thematic terms. Jackson believes the self is a dynamic changing product formed through social interaction and is not a static unitary structure as illustrated in the concepts of multiple selves (real, ideal, committed, fantasy, presenting or inferred). Nor does he believe that the nature of the self or self-evaluation is

revealed through the comparison of these multiple selves as real-ideal self-image disparity.

The Self and Cognitive Theory

Self-Image Disparity

Cognitive theories see individuals progressing through various stages focussing on the development of the mind. The mind, or cognitive development and cognitive ability are involved and play a part in the development and evaluation of the self, in the eyes of the self and in the eyes of others. Cognitive-developmental theory and the sense of self were reviewed in Leahy (1985) as self-image. The self-image or the sense of self has been examined from the viewpoints of the "real" self, the individuals current view of the self; the "ideal" self, the ideal person the individual would like to be; and the "social" self, the self as the individual believes others to see the self. Research in this area has focused on self-image disparity after the work of Rogers (cited in Glick & Zigler, 1985). According to Rogers, congruence between real and ideal self-images indicates positive self-regard and is assumed to be linearly related to personal and social adjustment; incongruence is considered an indicator of maladjustment.

Cognitive-developmental formulation disagrees with Rogers non-developmental interpretation of self-image disparity. Achenbach and Zigler (cited in Glick & Zigler, 1985) interpret an increase in self-

image disparity as a normal and natural development based on the following hypotheses.

> First, higher levels of development imply greater degrees of differentiation . . . this greater differentiation should result in a greater likelihood of disparity between an individuals conceptualization of real and ideal self . . . [and] second, an individual's capacity to experience guilt increases over the course of development with the individual's growing ability for incorporating social demands, mores and values" (p. 2).

The self-image disparity as a cognitive developmental phenomenon was first studied by Achenbach and Zigler and parallel studies by Katz and Zigler (cited in Glick & Zigler, 1985) confirm the original hypotheses of greater real-ideal disparity by the conceptually and chronologically mature as a function of two underlying factors related to maturity: cognitive differentiation and the capacity for social guilt. The cognitive-developmental position interprets increased disparity as a necessary component for growth and not as reflecting maladjustment. The developmental predictions were supported by these studies and the findings also suggested that with age the ideal self-image becomes more positive and the real self-image becomes more negative. This was "interpreted as a reflection of two developmental processes: (1) the greater incorporation of societal demands and values at higher developmental levels and the consequent increase in social guilt and (2) the capacity for abstract hypothetical thinking" (Glick & Zigler, 1985, p. 35). The lower real self-image may reflect higher standards incorporated into the ideal self-image which when applied to

the real self-image results in a more negative self-evaluation. Self-assessments vary across a number of relatively independent domains. Self-regard is obtained from the evaluation and weighting of a number of characteristics ranging in importance from central to peripheral. At higher levels of development with greater differentiation, the negative and positive characteristics of the self, considered simultaneously, should produce an evaluation of self-regard without all domains receiving positive evaluations.

Function of Self-Image and Disparity

Cognitive developmental variables influence self-image disparity and the nature of the real and ideal self-images. In addition, non-developmental variables, especially those related to personal experience and how others respond to the individual in everyday interactions, were noted as having a pervasive moderating influence on the development of the self and self-images. The lower ideal self-images and self-image disparity may reflect a realistic assessment of expected future success in societies characterized by prejudice and discrimination. Minorities have been shown to acquire positive self-evaluations of their self-worth when they do not directly internalize negative stereotypes and selectively emphasize their good qualities rather than their weak qualities in making self-evaluations. A variety of interacting effects of gender, ethnicity and SES were noted. Social stigmatization negatively affects real self-images. Ethnicity and low SES were found to particularly affect ideal self-images (Glick & Zigler, 1985).

Zigler's (cited in Glick & Zigler, 1985) position on the influence of personal experience and history is a completely cognitive developmental view that development moves from a relative lack of differentiation to a state of increasing differentiation, articulation and integration. Zigler considers the process involving role-taking and reciprocity in social interactions as only illustrating the process of differentiation and integration. Leahy (1985) ascribes a more causative role to social interaction and role-taking experience. He maintains that self and others are not only differentiated but are also reintegrated in a more complex manner reflecting separateness and distinct needs as well as membership and integration that is beyond the bounds of the process of differentiation by itself.

Although self-image disparity is viewed cognitively as a natural component to growth and not linearly related to adjustment, Leahy presents evidence that greater real-ideal disparity and lower real-self images are associated with depression, self-blame and with anxiety in adolescent and adult (psychiatric and nonpsychiatric) subjects. As a reconciliation with the Rogerian position, Leahy queries at what point is self-image disparity beyond the bounds of greater differentiation that it must be considered debilitating? He perceives the answer will be determined in examining the qualitative difference of the disparity rather than simply the measurement of the difference.

The role of the real and ideal self images in the course of development has been conceptualized on the basis of the ideal self-image providing motivation, guidance and direction and as a means of integrating experience. A generally positive relationship would be

expected between a high self-ideal and adaptation with the exception of unrealistic expectations which would be seen as paralyzing. Glick & Zigler suggest levels of organization between the real and ideal self-image. At the earliest level little differentiation would be expected and the ideal self-image would provide little direction or motivation for change. At the middle level, with a growing awareness of the discrepancy between the real and the ideal, individuals may be motivated for change by the feelings of self-dissatisfaction, but lack a sense of direction and feel helpless. At the mature level of functioning with greater differentiation and integration, the ideal-self would be expected to incorporate the real-self reflecting both personal and social values. The reintegration of real and ideal self-images optimally provides direction and goals as well as motivation for change in the form of personal development and the modification of possessed qualities.

Unrealistic striving resulting from the inadequate integration and reintegration of actual and ideal self-images at higher levels of development is conceptualized as the pursuit of eccentricity (personal values) or unyielding social stereotypes (social values). The repeated inability to achieve desired goals (personal or social, realistic or otherwise); the realization that desired goals are unobtainable (suddenly or eventually) and the resulting lack of a sense of direction and motivation accruing from that realization may result in suicide, indicating not only feelings of helplessness but hopelessness as well.

The study of the self, conceptualized as a set of multiple selves has produced conflicting results. This is illustrated by the varied interpretation of real-ideal self-image disparity. This conceptualization also presents the real and ideal self as discrete unitary structures which is an oversimplification of the their natures. The ideal self is associated with the psychodynamic construct of ego ideal and confusion about its nature exists arising from Freud's vacillation between ego-ideal and ideal ego. Further, confusion exists as to whether ego-ideal refers to the idealization of self or other. In interaction, the subject and object exist simultaneously and it is only with reflective activity that conceptions and images of the self emerge. Self-conceptions are the individuals interpretation of that self's interaction. Typical definitions of the self regard the self as a set of attitudes and beliefs about one's behaviour, appearance and skills which are socially determined, identifiable and endure over time. The concept of multiple selves presumes a more or less static, discrete and unitary structure. Considerations of the self which view the self as dynamic and constantly evolving allows for change and is understood as the self-as-process. The self-as-process, the activity of self-formulation is the way an individual comes to know the self and the self's place in the world. The result of reflection and evaluation within the self-as-process produces the sense of self often referred to as self-image or self-concept.

The Self and Experience

All perspectives of the sense of self, its essential dimensions, the role it plays, the process of self-formulation and the development of self understanding deal with the way experience is integrated into the self system. This is a major concern of the self. When self-theory constructs are in conflict with the ongoing experience the conflict signals the need for integration. This is evident in all conceptualizations of self-formulation or identity formation. Conflict within the self-system, be it Jackson's thematic central conflict, Roger's self-image disparity, the concept of the disowned self or the alienation from the real-self, Erikson's confused and fragmented identities lacking ego-identity and integrity, or developmental stagnation as perceived by Maris; all result from reflective self-evaluation and indicate the need for integration of the individuals experience into the self-system. Conflict in the self system and the resolve of that conflict has direct implications on the formation of suicidal behaviour.

Evaluations of the self in the eyes of the self, personal status, and evaluations of the self in the eyes of others, social status, provide indicators of the need for integration and behavioural modification of the self-system. The reflective activity of evaluation produces self-esteem or a sense of self- worth, generally perceived as feelings. These feelings or emotions are regarded as motivators and mediators of behaviour, the specific self-evaluations being understood in terms of the systems of specific constructs. Social, personal and

ego identity are the result of the ongoing evaluations of the self against the appraisal of self and others and these appraisals incorporate status and role, distinctions of stigma, and cognitive developmental differentiations of the self image: in other words, the individuals conception of meaning in the world. The sense of self, the self-theory of the self-system is revealed through these meanings. The self and meaning are constructed together as the self-as-process. The theoretical conceptions regarding the development of the self emphasize the formation of the self as a serial reciprocal process involving the self's definition of the self, of others and the context. Becker (cited in Miller,1967) says of this process:

> Man is the only animal--in the universe, for all we know--who sees himself as an object . . . the self, after all, is a continued process of creation. The self is a linguistic, ideational system in a constant state of modification . . . . Man is a social creator as well as a social creature. By the social exercise of linguistic power, man creates his own identity and reinforces that of others (p. 47).

Shibutani (cited in Miller, 1967) also describes the self as process, an ongoing formulation and reformulation of the self.

> To understand what any person does, the observer must get some picture of how particular definitions develop . . . . Voluntary conduct is constructive and creative; it is something that is built up in a succession of adjustments to an ever changing perceptual field . . . the manner in which voluntary conduct develops rests upon the self-images one forms from a standpoint imputed to others

> involved in the enterprise. Since a person can reach to each of his self- images as others might, he is able to anticipate the moves they are likely to make and to adjust them in advance . . . the process of self control is a highly complex form of behaviour. It involves - 1) taking the role of an audience; 2) forming a succession of self-images; 3) readjusting one's plans in accordance with the anticipated reactions of others. Each man tries to maintain his self-respect in his own eyes, but he sees himself from the standpoint of his group. The development of voluntary conduct is a serial process in which a person responds to a succession of self-images (p. 52).

The serial process of self formulation or identity formation has been presented from the perspectives of the symbolic self, object representations of the psychoanalytic tradition, and the social psychological and cognitive considerations of the self resulting from taking the role of the other and the ability to evaluate the self. Additional perspectives emphasize the processes of self theory formation from the succession of adjustments to interpretations within the ever changing perceptual field. Two theoretical illustrations of this process follow, the first is the perspective detailed by George Kelly (1955) as The Psychology of Personal Constructs.

The Psychology of Personal Constructs

Kelly's (1955) personal construct point of view stems from the perspective that "man contemplates in his own personal way the stream of

events upon which he finds himself so swiftly borne" (p. 3). Personal construct theory assumes that life's experiences do not impose meanings, rather it is the individual who construes to make sense out of experience. Experience is thus open to a myriad of alternative constructions. Life involves a continual construction or representation of events. Each individual formulates in his/her own way constructs through which the world of events and experience are viewed. These representations, patterns or constructs are formulated from, imposed upon and tested against the realities of the world in order to make sense and give meaning to experience. Constructs guide and provide the individual with a map of life. Constructs may be reasoned, expressed and explicitly formulated or they may be sensed, non- verbal and implicitly held by the individual.

Construction Systems

Constructs form a structure or a network of pathways or patterns. Constructs as patterns are formulated through observing the repetition of certain qualities from a series of events. These qualities are tested against subsequent events in order to assess their predictive validity. This reality testing provides validation and anticipation, the prediction and control of events. In this way the individual comes to know how to behave and what to expect in the world. Some constructs are better than others in that they support more precise and accurate predictions about events. The representation of events by constructs is a continual life long process. Generally, individuals are open to the revision and replacement of their constructs. They seek to improve them

by increasing their repertoire by altering them to provide a better fit with reality and by assimilating them into larger more comprehensive or superordinate constructs. Constructs are formed in order to understand and make the world predictable providing meaning and understanding.

Constructs are the way events are anticipated, the conceptualizing network of pathways. Constructs are in turn abstractions. To construe events is to abstract them in order to make sense out of them. To abstract a property, some quality is identified that may repeat itself. The process of abstracting or identifying a quality as replicable implies that it may happen again. It then becomes possible to chart events to come on the basis of these abstracted properties or qualities. The construing of the replication of events, anticipation, is the basis of prediction and control. To make sense out of concrete events we fit the events and experience with constructs and then apply the constructs to the continuing stream of events. When the event takes place the anticipation is validated. If it doesn't the construct is invalidated. Validation represents the compatibility between one's predictions and the observed outcomes and invalidation represents incompatibility. Construction systems vary as the individual successively construes the replication of events.

Following a series of invalidations the individual moves to eliminate the apparent incompatibilities of his/her construction system. This movement may reflect an rearrangement of constructs on a more comprehensive level or a constriction in the attempt to minimize or eliminate the incompatibility. Constructs are construed through the

replication of events or through other constructs which were formed in turn by still other constructs. For a new construct to be formed it must be acceptable within the context of some construct dimension which allows its inclusion. There must be a potential superordinate construct hospitable to the new construct.

The dimensions of constructs are based on the ways the properties of the elements are alike and different. Construct pathways are bipolar or dichotomous. Properties of elements are classified for membership within constructs according to whether the construct will: not allow additional elements,impermeable; allow additional elements, permeable; allow exclusive classification, preemptive; allow fixed membership, constellatory; or allow other classifications of elements, propositional.

> The universe is real; it is happening all the time; it is integral and it is open to piecemeal interpretation. Different men construe it in different ways. Since it owes no prior allegiance to any one man's construction system, it is open to reconstruction. Some of the alternative ways of construing are better adapted to man's purposes than others. Thus, man comes to understand his world through an infinite series of successive approximations. Since man is always faced with constructive alternatives, which he may explore if he wished, he need not continue indefinitely to be absolute victim of either his past history or of his present circumstances.

Life is characterized, not merely by its abstractability along a time line, but, more particularly, by the capacity of the living

> thing to represent its environment. Especially is this true of man, who builds construction systems through which to view the real world. The construction systems are also real, though they may be biased in their representations. The constructs which are hierarchically organized into systems are variously subject to test in terms of their usefullness in helping the person anticipate the course of events which make up the universe. The results of the testing of constructs determine the desirability of their retention, their revision, or their immediate replacement (Kelly, 1955, pp. 43-44).

Personal construct theory assumes the need for structure or a road map of life in order to understand how to behave and to know what to expect in the world. Personal constructs formed about the self and the self's position in its own phenomenal field are construed from the ongoing stream of events. The way these events are alike form the self, an individual differentiated from others, who are not like the self. Self constructs are construed and revealed by comparisons of likeness or unlikeness to others. It is the comparisons seen between the self and others that form the construct systems and operate as rigorous controls upon behaviour. The personal constructs of one's self and role are construed from the constructions placed on others. These constructions govern the individuals behaviour as they are the controlling systems in which one's self and role are played out and readjusted.

Role refers to a course of activity which is played out in the light of one's understandings of the behaviour of others. It is a

process based upon the role player's construction of aspects of the construction systems of others with whom the individual is involved. Roles are formed from both individuals and groups as a social process. The individuals construction of role must necessarily be validated. Validation occurs through the expectations of the individual and the groups with whom the individual is involved and from whom he/she construes his/her role. Validation also occurs within a set of cultural expectations. Role constructs are created, expanded and revised in an ongoing process. They are based upon constructions containing elements which are presumed constructs of certain other individuals, groups and culture. Altogether, the constructs which enable the individual to predict and control the essential interactions of the self with others are considered to be the "core role". The individuals maintenance as a social being is enacted through the core role. "Core constructs" govern the individuals identity and existence as an integral self.

Invalidated Constructions

Serenity for the individual comes from having personal constructs that accurately predict the stream of ongoing events and readily translate into everyday living. When the stream of events presents variants, incompatibilities between anticipation and the observed outcome, the construction system is challenged to handle the incompatibilities and invalidating life experiences. Systems can handle certain amounts of incompatibility. The amount tolerated depends on the permeability of the comprehensive constructs. Individuals vary in their adjustments to changing scenes and in their efforts to find adaptive

solutions to their problems. When individuals are faced with life transitions and life problems for which the existing constructs do not apply, effort and solutions are required in order to revise and expand their construct system. Urgent events are challenges to the construction system which are experienced as threat, fear, anxiety, guilt and hostility.

Threat is experienced as the awareness of an imminent comprehensive change in one's core structure. Events are threatening when they are contrary to expectations. Threats loom up in the form of the self or others by the evidence of alternative interpretations of the self or others. When a core structure is in danger of being altered a comprehensive restructuring is imminent. Fear is also the awareness of incompatibility and invalidating experience. Fear is construed incidentally rather than comprehensively as in threat.

Anxiety involves the awareness that one is confronted with events for which the individuals constructs do not wholly apply. If events are totally outside of the construction system the individual does not experience anxiety. The construction system fails when there is no guide or construct to interpret the events ranging from small daily puzzles to large comprehensive dilemmas. Outcomes may also invalidate predictions on the basis of one aspect, a minor missed cue, while the larger construction is still basically applicable. Anxiety appears when constructs are not available, when constructs have been invalidated and abandoned as they are no longer relevant and there is nothing to take their place. This is experienced as confusion in one's construction

system, when one "doesn't know" and lacks the structure to deal with the situation. Invalidating experience normally leads to the abandonment of constructs, to anxiety, to revision and reformulation. Anxiety is a precondition for making revisions and will be proportional to the degree of invalidation and centrality of the threatened construct.

Guilt is experienced when the individual perceives the core role to be invalidated and abandoned. This involves the loss of status within the core role constructions. "It is a psychological exile from one's core role, regardless of where, when, with whom or in what scenes the part has been played" (p. 505).

Individuals put their constructs to test by basing predictions on them. When constructs have been invalidated and abandoned or are otherwise not available, experimental reality testing occurs. This is the testing in uncharted areas of constructs which may or may not fit. Aggression occurs when there is a continued effort to seek validational evidence in favor of a prediction which has already shown itself as a failure. This is an attempt to protect the self from anxiety, threat or guilt. When core constructs are in danger of invalidation they are defended against by hostility.

Suicide and Personal Constructs

In "The Cry for Help", Kelly (1961) says that to understand suicide, one must "look at the act itself and what it accomplishes from the point of view of the person who performs it" (p. 257). In personal construct psychology suicide is examined in validational terms. Kelly views suicide as a validational act from two positions. The first is a

bid to extend life, not terminate it by validating the constructs the individual lived by. The course of events is perceived to be obvious and predictable. While confirming the worst expectations and with no alternate construct available, suicide becomes the adaptive validational option. The second is when the course of events are so unpredictable, the rules and constructs so imperceptible, the scene is abandoned. This occurs when one's interpretation of the world, how to behave and what to expect, is perceived to be invalid. When one's construction system is wrong then one's life of core role and core constructs falls apart. The anticipations of the core role and core constructs were invalidated on a vast scale. There was no source of validation. This is the position of absolute anxiety, when no constructs exist and in this absolute uncertainty, suicide is a bid for certainty in the face of chaos. In either position, the expectations of the core constructs of the individual either confirmed expectations or confounded with uncertainty. At the time of the decision the constructions were so obvious no alternatives were left to explore.

Summary of Personal Construct Psychology

In sum, personal constructs are the conceptualized network of pathways of the way events are anticipated. Constructs provide structure, meaning and direction for the individual. Through the structure of personal constructs the individual comes to know what to expect and how to behave in the world.

In Kelly's system, the self is formulated as the accumulation of personal constructs, particularly core role and core constructs. The process becomes one of continual adjustments to the interpretations of events. Core constructs provide for the maintenance of the individuals identity, the existence of the integral self. The core role is the assembly of constructs which enable the individual to anticipate the essential interactions between the self and others. The individuals maintenance as a social being is acted out and validated through the core role.

The development of the sense of self as a set of personal constructs, particularly the core role and core constructs, illustrate the centrality and importance of the self and the process of self-formation. When constructs are invalidated, specifically the core constructs and core role, and no alternate construction is available suicide becomes a predictable event.

Life Scripts of Transactional Analysis

Another illustration of the formation of the self is transactional analysis' life scripts as originally presented by Berne (1964) and elaborated upon by Berne (1976) and Steiner (1974). This approach emphasizes the processes of how self conceptions are formed. The ideas presented in these works represent and illustrate a movement towards a more descriptive and behaviourally explicit version of the self's definition of the self. The formation of the self is viewed as natural evolvement in the individuals quest for validation, meaning and value

enacted as a process of adjustments to interpretations, particularly those made early in life.

Structuring Time: Activity

Berne considers the enduring problem of individuals is how to structure time. He perceives time structuring as activity directed through programing and proposed three types: material, social, and individual programing. Material programing deals with the handling of the external environment in the form of procedures. Social programing deals with degrees of culturally relative ritualistic interchanges called rituals and pastimes.

In social groups of two or more, individuals structure their time through activity and programing of a combination of one or more forms of procedures, rituals, pastimes, games, scripts or intimacy. The goal of the individual is to obtain satisfactions, gains or advantages, either somatic or psychic. The desired psychic satisfactions provide validation, value and meaning.

Individual programing begins when individuals are involved in frequent interactions. These encounters, over time, reveal themselves to follow definite patterns which can be articulated but are usually enacted through unspoken rules and regulations. These sequences are called games, defined as an "ongoing series of complementary ulterior transactions progressing to a well defined predictable outcome" (Berne, 1976, p. 71). Scripts are larger patterns of complex transactions which are similar to and include games. An essential feature of both games

and scripts is the predictable outcome and desired pay-off or satisfaction.

Berne views pastimes and games as substitutes for real living or real intimacy. Intimacy begins when individual programing intensifies and social and ulterior motives subside. Intimacy characterizes the transactions of the real person living in the real world. Berne views most individuals as living out a script which is the converse of the real person living in the real world. Scripts cause individuals to act as if they were someone other than the real person.

Structuring Activity: Scripts

Script programing occurs like a natural happening and most people spend their lives comfortably embedded in and unaware of their script. Scripts function as unconscious life plans which determine the individuals ultimate destiny. They are designed to last a lifetime and are based on childhood decisions and parental programing. Children are taught what games to play and how to play them. Their knowledge and skill of procedures, rituals and pastimes determine the opportunities available to them and their games and scripts determine the use made of these opportunities and the eventual outcomes.

One early life decision is a "position" based on early convictions. This "position" encompasses a view of the self, the entire world and all the people in it. Once a position is adopted it is usually retained throughout life. It is from this position that individuals play out their games and scripts. There are four basic positions summarized as OK (+) or Not OK (-) assigned to the self and others. These positions

are: 1) I + You + (success) 2) I + You - (arrogance) 3) I - You + (depressive) 4) I - You - (futility).

The positions and their world and self views are directly related to the types of scripts Berne categorizes as winners, non- winners and losers. Winners fulfill their contract with the world and themselves. Losers do not. Non-winners are near misses and just stay even. Berne describes additional sub-categories and Steiner has developed a system of scripts called 1) the depressive or no love script, 2) the madness or no mind script and 3) the drug addiction or no joy script. Scripts are enacted from a position characterized by their ultimate pay-off or satisfaction: win, lose or stay even, and no love, mind or joy.

Script Function

The pay-off or desired satisfaction of script behaviour is determined by what was ascribed in the original early learning, the nature of what the individual was required to do to receive validation from the significant others, usually the parents. Validation results from the approval of behaviour, in whatever form, which organizes that behaviour into patterns and consequently regulates that behaviour. Approval is provided and received in behavioural, gestural or non-verbal messages from significant others. The motivation for script behaviour is to recapture or augment the satisfactions of the early experience. Individuals seek to bring about a classical repetition of early experience. Berne defines a "script as an unconscious life plan which is an attempt to repeat in derivative form a whole transference

drama, which is an intuitive artistic derivation of the primal drama of childhood" (p. 51). Berne also states that "Individuals carry their scripts around in their heads in the form of parental voices telling them what to do and not do, and their aspirations in the form of child pictures of how they would like it to be" (p. 156).

In developing and playing out the script as a derivation of early experience, individuals seek others to fit the roles demanded by the original script or protocol. They tend to select the right people to play the roles with considerable intuitive acumen. When the roles are filled the individual proceeds to attempt to elicit the required responses from the individuals selected for each role. As years go by the script is adapted by experience and the patterns become blended. The script is the unconscious life plan and the life course is what actually happens. Scripts are usually carried out if not interfered with by any decisive force. Forces considered to be script breakers are "1) massive events which lumber inexorably down the path of history, 2) therapeutic influence of a professional or love, natures therapist or 3) an autonomous decision" (p. 235). Individuals spend most of their lives comfortably in their scripts, and it is only after years in them that they may determine the script is unsatisfactory.

Berne and Steiner believe that to know some of the elements of an individuals script is to be able to predict with some accuracy the life script and life course of the individual. This allows for possible redirection before the individual meets with misfortune or disaster as a consequence of a destructive or self- destructive life script. Some scripts are constructive rather than destructive although both are

formed in the same way and neither are autonomous. To become script free is to be free of the compulsion to relive the original drama. To do this one must determine and understand the nature of the pay-off received and the behaviour performed, approved and validated by the significant others in order to receive the desired satisfaction. The nature of these strivings will be revealed by discovering the position and its underlying convictions gained from the parental programing of injunctions and attributions. To break a script is to destroy the individuals illusions of how to behave in order to achieve satisfactions and the nature of the satisfactions themselves. The disruption of the script and its illusions often leads to despair as individuals no longer have structure, direction or a life plan. Despair may eventuate in suicide.

Summary of Life Scripts

In summary, the life scripts of Berne and Steiner emphasize the processes of self theory formation. The formation of the self is revealed in the life script which is viewed as natural evolvement in the individuals quest for validation, meaning and value. The life script is enacted as a process of adjustments to interpretations, particularly those made early in life. Scripts are unconscious life plans enacted to duplicate the early primal drama. The motivation for script behaviour is to recapture or augment the satisfactions of the early experience. The pay - off or satisfaction desired is determined as ascribed in the original early learning through the nature of what the individual was

required to do to receive validation from the significant others, usually the parents. The definition of the self is observed through the regulated behaviours (games, scripts) which were formed as a result of validation (approval providing satisfaction) from following and performing the parental programing of injunctions and attributions (positions).

The sense of self in Berne and Steiner's conceptualization is determined and revealed in the life script. The life plan directs the evolving self, the self is the focus of its unfolding.

Summary of Self-Theory

Self concept research was found to be inconsistent, contradictory, inconclusive and confusing by Wylie (1974) and Diggory (cited in Jackson, 1984) who considered this to be a result of vague theoretical statements, difficulties with operational definition for empirical testing and methodological problems. Increased sophistication of experimental techniques has continued to produce a divergence of information. Some reviewers attribute this divergence to lack of rigor and others believe the problem lies in the application of the experimental method to the study of the self as the self's nature is ever changing and defined by subjective meanings not easily amenable to the experimental approach.

Theoretical perspectives of the self vary on a number of points: their terminology, although many terms are defining the same concept, their consideration of the process of self- formulation, their consideration of the levels and dimensions of self and self-

understanding and the role the self plays. The word "self" is used in many ways. Wylie notes the primary usage of self as "self as agent" or "self as object" and other self- referrent constructs implying behaviour influencing characteristics to the self. In psychoanalytic literature, identity or the self is conceptually connected to the functioning "ego" in structural theory and "image" in object relations theory. As both theories are conceptualizing one process, function and image both being part of the self, the term "self-ego" is proposed uniting the self as known through experience (image) and ego through which the image is organized. The reflective capacity inherent in image implies a dynamic principle and self-ego is understood as a motivational principle and structure attributing behaviour influencing characteristics to the self. A concept corresponding to self-ego is ego-identity, proposed by Erikson as a psychosocial identity. This concept allows for self to include image, function, identity and role; the effects and dimensions of self as agent and as object.

Another major contribution to self-theory comes from psychology and sociology in the earliest examinations of the self by James and Cooley (cited by Farberow, 1969; Leahy, 1985; Miller, 1967). James viewed the self and the process of self-formulation occurring through the reflection and integration of the aspects of the self as agent and as object. Self-formulation and self-understandings involve both the Me aspects (as object) and the I aspects (as agent). The Me aspects are the actual qualities that define the self as known and the I aspects are those of the self as knower. Awareness of the I is derived from

experience which is organized and interpreted in a subjective manner and known as the Me.

Cooley developed the concept of "the looking glass self" and Mead (cited by Farberow, 1969; Leahy, 1985; Miller, 1967), expanded this concept in the "symbolic interactionist point of view that only as we adopt the reference point of another person can we view ourselves as objects with various characteristics" (Farberow, 1969, p. 50). The perceptions of the self (as knower) are gained from others in experience (as known) through the ability to take the role of the other. This process constitutes the subjective and ongoing evaluation of the self against the appraisal of others.

From the perspective of James, Cooley, Mead and from psychoanalytic object relations theory; the self involves a dynamic process of development involving the self, others and the environment. James viewed the process of self-formulation as reciprocal being simultaneously a cause and effect in the ongoing development of the self. The importance and emphasis of the interplay between the self, others and the environment was elaborated on by role theorists and interactionists.

Role theorists and interactionists believe individuals' concepts of the self and their psychological functioning are shaped and directed by the specific configurations of status and roles individuals incorporate and enact. Status is a position in the societal pattern which confers roles of explicit behaviour. Status and role provide understandings of the self as agent (the the Me as image or as known) and the self as agent (the I, ego or knower).

Goffman proposed the concepts of personal identity and social identity. He views personal identity as the differentiation of the self from others to which all pertinent facts and aspects of social identity are attached. Ego-identity is the individuals subjective interpretation. The concept of status and role presume that status and role exist in a context of shared goals, obligations, attitudes and perceptions. It is within this context that differentiations are made by individuals, about themselves and about others. Personal and social identity are part of the self's definition of the self and part of others definition of the self. Both definitions are developed from the same pool of information as a double-role social process. Both perspectives are utilized when engaging in the taking-the-role of the other and in evaluating the self against the appraisal of others.

The concepts of social status and personal status distinguish between the status obtained and held by the self in the eyes of others, social status; and status obtained and held by the self in the eyes of the self, personal status. Evaluations of the self are the result of reflective activity applied to the self aspects of I and Me from the ongoing appraisal of the self against the self and others.

James and Cooley acknowledged the evaluative judgements of self and indicated the belief in a global evaluative sense of self independent of specific objective evaluations. The reflective activity of evaluation produces self-esteem or a sense of worth. James and Cooley propose the role of affect in the self-system as one of motivation and the mediation of behaviour. The feelings produced from reflective evaluation

motivates behaviour to be directed and applied to the self-system and the specific constructs producing the evaluation. This process and the essence of self-as-process involves the objectifying of the self; the self as agent organizing experience and knowing the self aspects of I and the system of objectifications, the self as object, produced by the evaluation of the self aspects of me, the images of the self through which the individual defines the self and gains identity.

Models of identity formation have been proposed by a variety of theorists. In Jackson's (1984) model, reflective self- evaluation of the I and Me aspects of the self, the self as agent and object, provides a system of meaning in terms of which the self is defined. Self and meaning are formed together as self-in- process. Jackson believes the nature of the self and the nature of self-evaluation are understood in terms of meanings in thematic terms. He explored how the self was understood and defined through an experience of self-esteem. He believes the self is the focus and organizing principle of self-esteem, which is revealed through the concepts of Ideology, Idealization and Central Conflict.

Erikson's model of identity formation is from the developmental point of view. As an ego psychologist his model is a way of examining, analyzing and explaining the functioning of the self which emphasizes the integration of biological and psychosocial forces. Attention is given to the interpersonal, cultural and personal historical experience of individuals in the course of socialization.

The eight developmental periods of Erikson's model are described in terms of the individuals social experiences. Each stage is marked by a

particular psychosocial crisis that must be confronted and resolved by the individual. Successful resolution at each stage is seen as mastery over experience resulting from and contributing to the development of a secure sense of self or ego-identity. Failed life-stage transitions create developmental deficiencies which accumulate slowly over a lifetime as a result of only partially resolving life-stage crises. Continued development may be inhibited by the earlier failure to master age-stage related tasks or resolve life-stage transitions. According to Erikson, those who have failed to successfully resolve the crisis inherent in their life cycle stages have confused identities. Their egos are weak and fragmented and they are unable to relate to others or function well in society. These individuals have been unable to integrate their experience into their self-concept. They lack a secure sense of self or ego-identity.

Maris' (1981) Pathways to Suicide, examined suicide in relation to the concept of developmental stagnation resulting from failed developmental tasks and life-stage transitions according to Erikson's model. From Erikson, Maris' study assumes the accumulation of repeated failed developmental tasks and stage transitions creates stress and disruption in ongoing lives. Suicide may be predicted as a result of these repeated failures and increasing stress. Maris' study supports the hypothesis that suicides do occur at ages that suggest developmental problems, at the interstices of major life-stage role transitions.

The self, as a motivational and guiding principle has been developed by Lichtenstein (cited in Farberow, 1969) who emphasized the

continuity of identity experience in the concepts of identity principle and identity theme. Maris (1981) concurs with Levinson.

> We need a more elaborate definition of the life structure that is thought to stagnate and then collapse in the final act of suicide. According to Levinson, "life structure" is the underlying pattern or design of a person's life at a given time. The pattern is determined by choices about a life dream, occupation, love-marriage-family, mentoring relationships, and mutual friendships (pp. 56-58).

Another model of self-understanding is of "image" in terms of multiple selves, conceptualized as as either real, ideal or social. Research in this area has focused on self-image disparity after the work of Rogers (cited by Glick & Zigler, 1985). According to Rogers, congruence between real and ideal self-images indicates positive self-regard and is assumed to be linearly related to personal and social adjustment; incongruence is considered an indicator of maladjustment.

Cognitive-developmental formulation disagrees with the non-developmental interpretation of self-image disparity. Achenbach and Zigler (cited in Glick & Zigler, 1985) interpret an increase in self-image disparity as normal development. This is based on the hypotheses of greater real-ideal disparity by the conceptually and chronologically mature as a function of two underlying factors related to maturity: cognitive differentiation and the capacity for social guilt. The first study by Achenbach and Zigler and parallel studies by Katz and Zigler (cited in Glick & Zigler, 1985) confirm the original hypotheses. Disparity is interpreted as a necessary component for growth and not as

reflecting maladjustment. These theorists acknowledge that the disparity may be so great as to move beyond the bounds of differentiation and be considered debilitating.

The role of the real and ideal self images in the course of development has been conceptualized on the basis of the ideal self-image providing motivation, guidance and direction. The self-image disparity produces feelings of self-regard which are viewed as motivational, signalling the need for the integration of experience. The developmental perspective is dependent on level of organization for the integration of the real and ideal self images. The level of cognitive differentiation and integration indicate the potential and direction of the behaviour influencing characteristics of the self.

Levels of cognitive organization indicate that different levels of differentiation would be expected to result in varying degrees of awareness, direction and motivation to integrate real and ideal self-images. Unrealistic striving resulting from the inadequate integration and reintegration of actual and ideal self-images at higher levels of development is conceptualized as the pursuit of eccentricity or unyielding social stereotypes. The repeated inability to achieve desired goals, the realization that desired goals are unobtainable and the resulting lack of a sense of direction and motivation accruing from that realization may result in suicide.

The understanding of the self through the concept of multiple selves presumes the self to be a more or less static, discrete and unitary structure. Considerations of the self from the point of view of

self-formulation moves towards the understanding of the self as a dynamic process, constantly evolving and changing. The self as process, the activity of self-formulation is the way an individual comes to know the self and the self's place in the world. The result of reflection within the self-as-process produces the sense of self.

The process of identity formation, the formulation of the self as process is illustrated in the theoretical conceptions of Kelly and Berne. These perspectives emphasize the processes of self concept formation from the succession of adjustments to interpretations within the ever changing perceptual field.

Personal constructs are the conceptualized network of pathways of the way events are anticipated. Constructs provide structure, meaning and direction for the individual. Through this structure of personal constructs the individual comes to know what to expect and how to behave in the world. In Kelly's system the self is formulated as the accumulation of personal constructs, particularly core role and core constructs. Core constructs provide for the maintenance of the individuals identity, the existence of the integral self. The core role is the assembly of constructs which enable the individual to anticipate the essential interactions between the self and others. The individual's maintenance as a social being is acted out and validated through the core role. When core structures are threatened and in danger of being altered a comprehensive restructuring is imminent and is experienced as fear, anxiety or guilt, and may be reacted to by hostility, aggression or suicide.

Kelly (1955, 1961) says that to understand suicide, one must "look

at the act itself and what it accomplishes from the point of view of the person who performs it" (p. 257). In personal construct psychology suicide is examined in validational terms, from two positions. The first is a bid to extend life, not terminate it by validating the constructs the individual lived by. The second is when the course of events are so unpredictable, the scene is abandoned, one's interpretation of the world, how to behave and what to expect, is perceived to be invalid. When one's construction system is invalidated then one's life of core role and core constructs falls apart.

The development of the sense of self as a set of personal constructs, particularly the core role and core constructs, illustrate the centrality and importance of the self and the process of self-formation. When constructs are invalidated, specifically the core constructs and core role, and no alternate construction is available suicide becomes a predictable event.

The life scripts of Berne and Steiner emphasize the processes of self concept formation, how the individual comes to know how to behave and what to expect in the world. The formation of the self is revealed in the life script which is viewed as natural evolvement in the individuals quest for validation, meaning and value. The life script is enacted as a process of adjustments to interpretations, particularly those made early in life. Scripts are unconscious life plans enacted to duplicate the early primal drama. The motivation for script behaviour is to recapture or augment the satisfactions of the early experience. The pay-off or satisfaction desired is determined as ascribed in the

original early learning through the nature of what the individual was required to do to receive validation from the significant others, usually the parents. The definition of the self is observed through the regulated behaviours (games, scripts) which were formed as a result of validation (approval providing satisfaction) from following and performing the parental programing of injunctions and attributions (positions).

The sense of self in Berne and Steiner's conceptualization is determined and revealed in the life script. The life plan directs the evolving self, the self is the focus of its unfolding.

Conclusions of Self-Theory

In conclusion, as a consensus of this review, the self is viewed as agent and object with behaviour influencing characteristics. The sense of self or self theory is produced through:

1. The concept and role of the ego, as it organizes and interprets experience (the self aspects of I as agent, as knower with continuity, distinctness, volition and awareness of reflection).

2. The concept of image and its reflective capacity (the self aspects of Me as object, the system of objectifications).

3. The concept of ego-identity, self-ego and the concept of self-as-process as a way of adapting to and integrating experience.

4. Experience signals the need for the integration of experience into the self system through the cognitive and affective components involved in evaluation. Concepts articulating this integration process are:

i) Developmental changes of structure and content,

ii) Crises of developmental stages: failed life transitions
developmental stagnation

iii) Personal and social status and identities

iv) Real or ideal self

v) Self-image disparity

vi) Jackson's central conflict

vii) Behavioural adaptations

5. Concepts of an identity theme, identity principle, life structure, life fantasy, ideology and idealization, core role, core constructs, life scripts or life long project provide a guiding and directing principle of the unfolding self.

The next chapter proposes a conceptual schema of the self and suicide. The schema represents a reformulation of the perspectives presented on self theory and the self's process which may be negotiated by suicide.

CHAPTER 6

Suicide and The Self as Process

Self Validation--Invalidation

The self creates and recreates itself in time through the experience of living. One solution to the major problem in living, life itself, is the solution of death by suicide, the destruction of the creator. The self as process, validation - invalidation conception of suicide and the self proposes to understand suicide as a human phenomenon, yielding insight into suicides motivational forces and process. The premise is that to understand suicide is to understand the nature of the self that suicides and the self process which culminates in the suicidal decision and act. It is to understand the self and behaviour as it is revealed in living; the multiplicity of factors involving the self and environment and their reciprocal effects and influence.

The concept of the self has been avoided, assumed or articulated from various perspectives in varying terminology. A discriminating focus of the many definitions yields two distinct perspectives. The first is the view of the self as a discrete, separate, differentiated, and determinate state characterized by firm boundaries, properties and behaviour. The second view is of the self as a fluctuating and innovative system characterized by its subjective and changing nature. The focus is between the discrimination of the self's qualities of

mutability or immutability; a vacillation between fixity and fluidity. Definitions of the self reflect self development and identity and reveal this dilemma with an emphasis such that development is accorded fluidity and identity, fixity. Typical definitions of the self regard the self as a set of attitudes and beliefs about one's behaviour, appearance, and skills which are socially determined, identifyable, and endure over time. These definitions are concerned with the self's stability over time midst the self's changing nature.

> The self is best viewed as a self theory, a cognitive construction concerning ones attributes and characteristics . . . with a sense of unity among self conceptions (Brim, Epstein, Kelly, & Sarbin, cited in Leahy, 1985, p. 59).

> The developed self must be a complex, semi-permanent, organized structure. . . . The self is conceptualized . . . as a set of discrete identities-self definitions in terms of occupied social positions . . . . Identities are hierarchically organized by degree of commitment, or what might be called their network-embeddedness (Thoits, 1983, p. 176-178).

> A healthy self concept . . . is sure and stable in its essential and central features but may be changeable regarding is peripheral elements. Features of the self are held as working assumptions, subject to revision in light of new evidence; . . . [and] to seek to change in the directions of a more desirable self (Rosenberg, cited in Leahy, 1985, p. 223).

Definition, description, behaviour and development reveal both fixity and fluidity as existent qualities of the self. The parameters and function of these qualities are illuminated and articulated as the self is understood as a process, continually unfolding.

The Self as Process

> Our theories are our inventions; they may be merely ill reasoned guesses, bold conjectures, hypotheses. Out of these we create a world, not the real world, but our own nets in which we try to catch the real world (Popper, cited in Rudestam, 1983, p. 1).

Schema of the Self-System

The self as process is proposed by the writer as a conceptual schema of self-formulation. The schema assumes and articulates self-formulation as a continuous reciprocal process and product reflecting stability and change over time. The continuous process and product of the self is assumed to manifest through experiential interaction. The writer views interaction as encompassing the reciprocal involvements of the self and the world with interaction occurring within the self and between the self and others.

The self as process is assumed, following James, Cooley and Mead, as being composed of the aspects I and Me. The writer proposes these aspects, the I and Me, and the self they form as each having structure and function with internal and external elements. The self structure is viewed as existing internally as symbolized meaning and worth and

externally as the physical in awareness. The self structure is proposed as functioning for its own development, maintenance and the integrity of the self system.

Figure 6:1

SCHEMA OF THE SELF SYSTEM I

THE SELF AS PROCESS

(I) SELF (ME)

A CONTINUOUS RECIPROCAL

PROCESS and PRODUCT

of

(Structure)

INTERNAL SENSE OF SELF	EXTERNAL SENSE OF SELF
Symbolized meaning and worth	Physical in awareness

in

EXPERIENTIAL INTERACTION

Within the self	Between Self and World
(I and Me)	(Others and Situation)

for

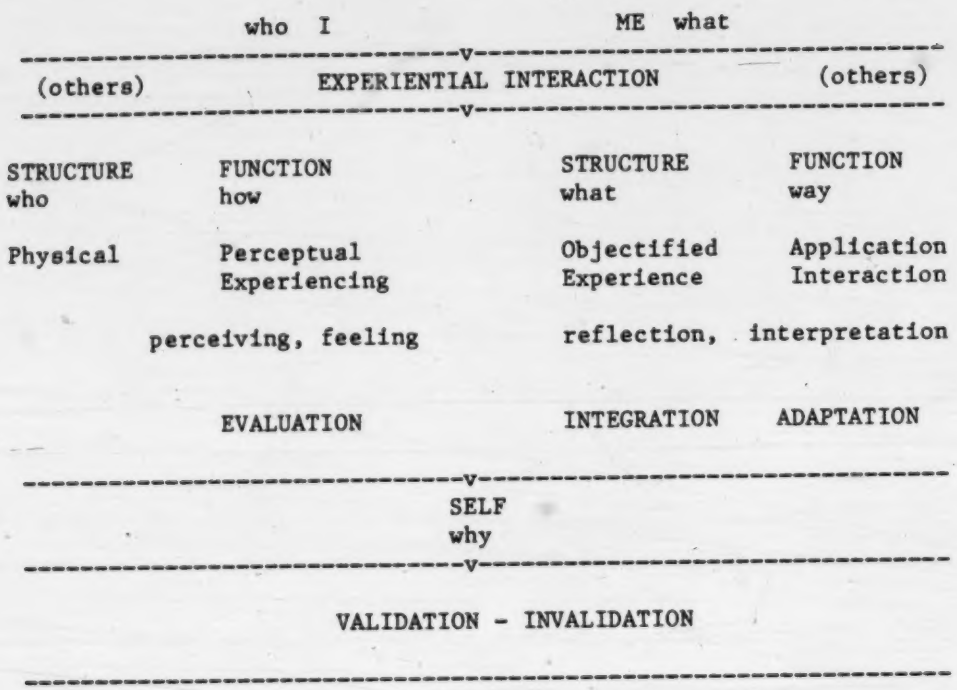
(Function)

VALIDATION

Self development, maintenance and integrity

Figure 6:2

SCHEMA OF THE SELF SYSTEM II
THE SELF AS PROCESS



Components of Suicide and the Self as Process

The self is viewed as a process of formulation and reformulation termed by the writer as the self as process. The essential conceptual components of the self as process are proposed as consisting of the I and Me aspects, with structure and function, which, during experiential interaction and the processes of evaluation, integration and adaptation form the sense of self which then functions to secure, during continued interaction, either validation or invalidation. These components are outlined schematically in Figures 6:3, 6:4, 6:5, and 6:6 and then described in the text that follows. The proposed schema and functioning of the self as process proposes to understand suicide as a process reflecting the interactive effects of the self and the world and the nature of the self who suicides.

Functioning of the Self-System

The writer proposes that the self exists in structure and function and that the self structure, as self as process, functions to validate itself in experience. Validation (or invalidation) is experienced as the self system, in interaction, perceives, reflects and adjusts to interpretations of experiential events within the ever-changing perceptual field. Perception, reflection, interpretation and adjustment are proposed as flowing from the processes of evaluation, integration and adaptation. These processes provide validation or invalidation of the self as process. Validation provides a secure sense of self with meaning and value which are proposed as being integral to successful

Figure 6:3

FUNCTIONING OF THE SELF SYSTEM I

THE SELF AS PROCESS

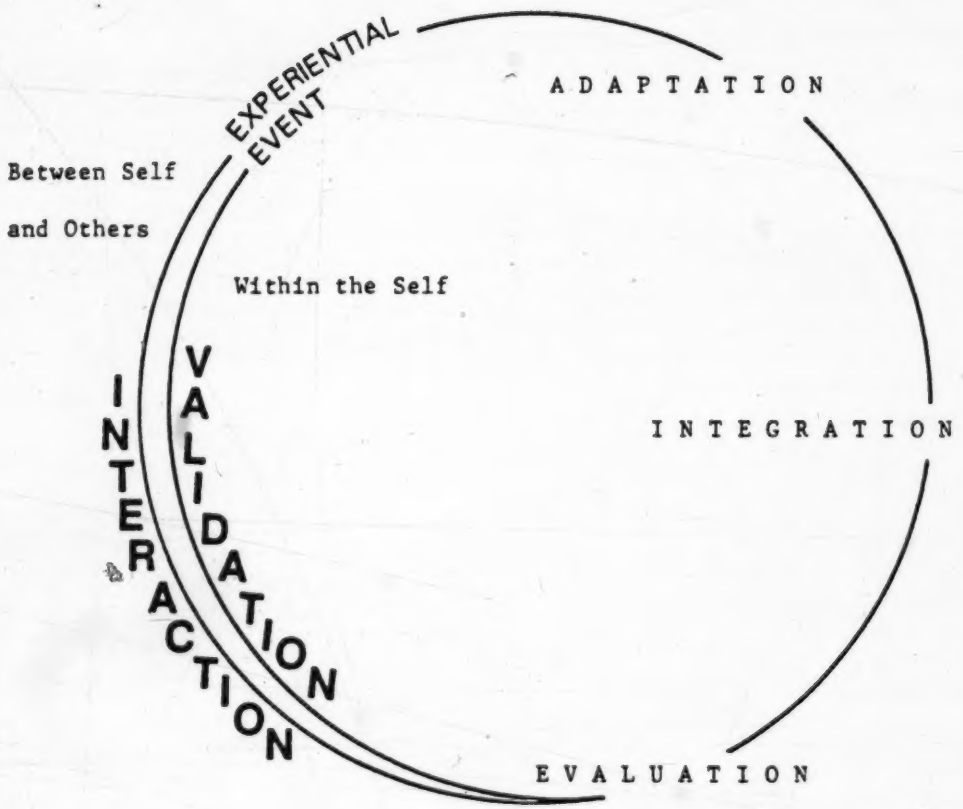


Figure 6:4
SCHEMA OF THE SELF SYSTEM III(a)
SUICIDE AND THE SELF AS PROCESS

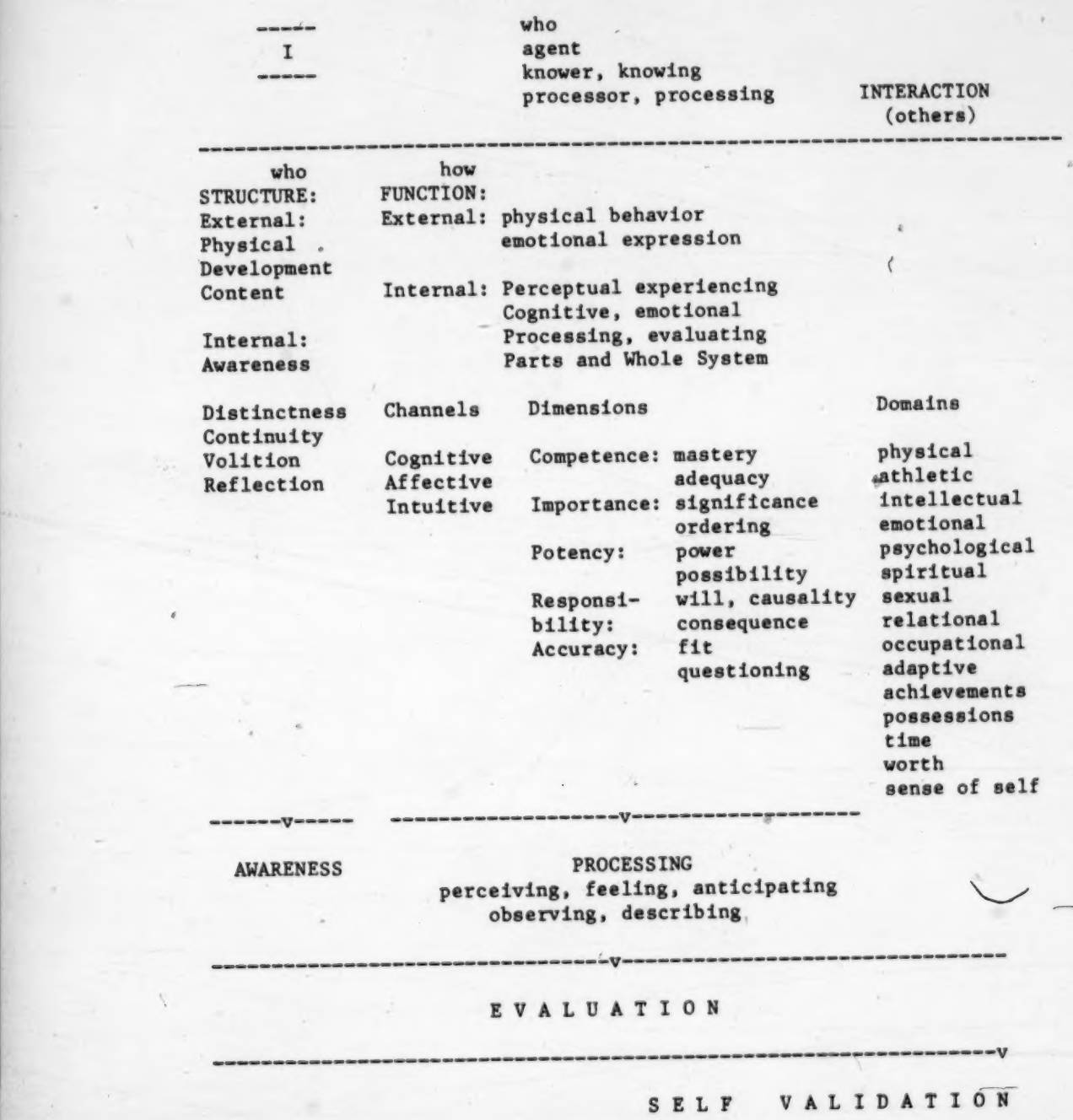


Figure 6:5
SCHEMA OF THE SELF SYSTEM III(b)
SUICIDE AND THE SELF AS PROCESS

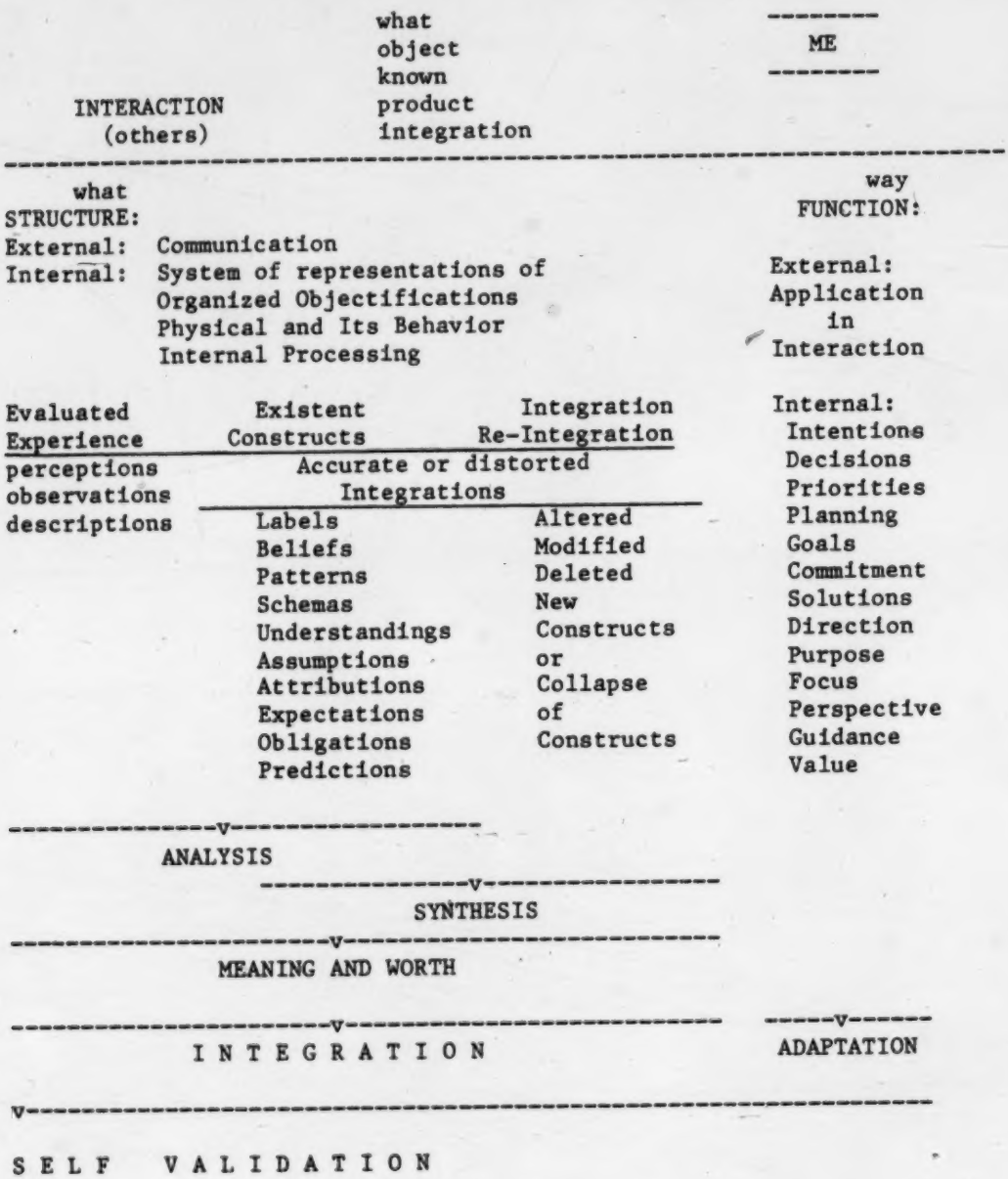
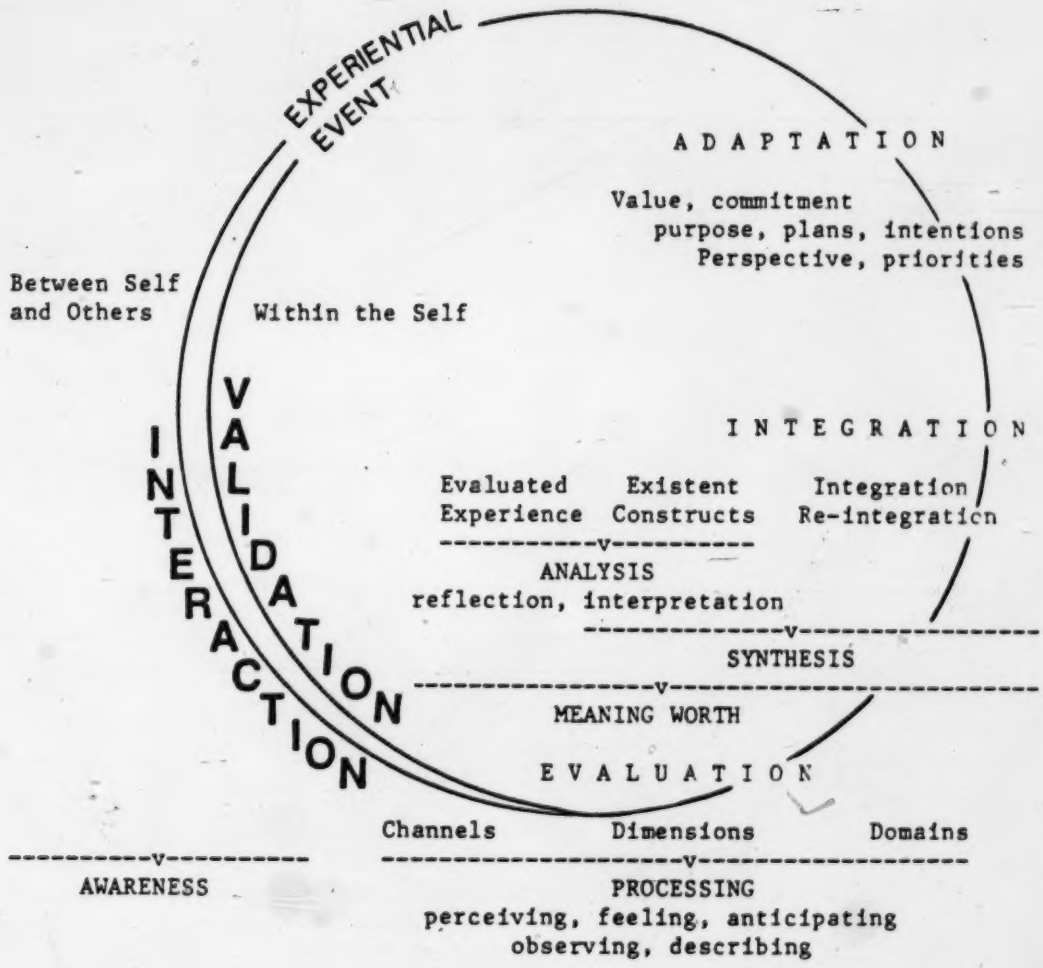


Figure 6:6

FUNCTIONING OF THE SELF SYSTEM II

SUICIDE AND THE SELF AS PROCESS



functioning. When the sense of self is invalidated the integrity and cohesiveness of the self system is challenged. With sufficient invalidation, the sense of self is perceived to be extinguished symbolically and the physical self's existence is threatened with suicide.

The I and Me Aspects of the Self

James and Cooley are the conceptual forefathers of the view of the self as being composed of I and Me aspects. Their views were presented in Chapter Five. The writer accepts the I aspects as those aspects of the self as agent or knower, with awareness of the I perceiving, feeling, processing, organizing and interpreting in a purely subjective manner. The I is conceived as known through experience from which is derived a sense of self with continuity, distinctness, volition and awareness of self reflectivity which knows the nature of the self. It is the I <u>who</u> performs.

The writer conceives of the I aspects as having structure and function. The structure is the "physical", sensitive to its external manifestations in development and ability and its internal awareness. The function of the structure is <u>how</u> the I performs. The external manifestations of function are physical behaviour and emotional expression. The internal aspect of function is the perceptual experiencing of behaviour. Cognitive and affective processing and evaluating in experience involves the experience of the entire self system, its internal interaction and its reciprocal involvement with the external world of others and the environment. The I functions in

awareness spontaneously perceiving, processing, organizing and evaluating interaction experientially; cognitively, affectively and intuitively.

The Me aspects are proposed as those of the self as object, as known, the product of the known performance and interpretation. It is the Me of what is known of the self. The structure of the Me aspects is conceived as being composed of the internal representations of the organized objectifications of the external physical and its behaviour and the internal processing and its behaviour. The structure is evaluated experience; perceptions, observations, descriptions and the organization of evaluated experience into constructs which may be accurate, distorted, fragmented, or incomplete.

In experiential interaction and evaluating; perceptions, observations and descriptions are applied and reapplied to existent constructs in continuing growth and development. Constructs are progressively and successively either more wholly integrated, adapted and re-integrated forming confirmed, modified and new constructs; validation, or experienced as conflict and/or the collapse of meaning and worth; invalidation. The function of what is integrated as known forming meaning and worth is to provide perspective, priorities and planning giving direction, purpose and value to the individual. The application of meaning and worth in interaction is the way (function) what is known of the self is utilized in adaptation to secure validation.

The I and Me aspects as agent and object form the sense of self through the perspective of self as process. As these aspects with their structure and function are involved in experiential interaction the self as process evolves a sense of self as process and product. The structure of the internal sense of self is symbolized meaning and worth and the external sense of self is an awareness, a sense of presence which converges on the physical. The sense of self as process functions for the self's development, maintenance and for the integrity of the self system. Through interaction, evaluation, integration and adaptation the sense of self is validated or invalidated. Integrity is maintained as the sense of self is validated in its symbolized meaning and worth. Integrity of the system is in jeopardy when the sense of self is invalidated through the collapse of symbolic meaning and worth. The formation of the sense of self as process and the validation or invalidation of that sense of self as process in interaction, is provided and understood through the process of evaluation, integration and adaptation.

Interaction

Interaction occurs as the sense of self is involved in an experiential event; within the self (I and Me) and between the self and the world (others and situation). It involves awareness, attending and responding in experience. It is through experiential interaction that the self accumulates knowledge of the self and of others. The experience of the self as process provides substance, meaning, value and definition. To understand the meaning of human behaviour, to comprehend

the nature of the self and its functions and motivations requires examining the process of self formulation as it evolves the sense of self in process in interaction, as it is revealed in the existent situation.

Experiential events involve the self system in interaction within the self and between the self and world. Aspects of the self, others and the situation, involved in interaction and addressed through evaluation, integration and adaptation shall be referred to as domains. Domains are proposed as the categories or arenas that are salient either singly or in combination in interactional events and subject to processing. The proposed domains are: athletic, physical, intellectual, emotional, psychological, spiritual, sexual, relational, occupationsl, adaptive, achievements, possessions, worth, time and the self system.

Suicide research has addressed the actor, the structural I, with attention to developmental issues and physical and cognitive performance with reference to age, sex, race, and residence. Research has also focussed on the domains of interaction from the perspective of social and personal forces, examining biological, sociological and psychological characteristics, issues of health and well being, intra and interpersonal relations, personal and social achievements, status and identities, self adaptive states and conditions and the effect of stress and change.

In the opinion of the writer the issues central to interaction within the self as process are attention and response, as they allow the process to unfold through the cognitive and emotional dialogue of

evaluation and integration. The meaning and worth evolved through interaction are subject to revision, expansion or deletion through continued interaction providing validation or invalidation. Interactions that produce a conflict as experienced, processed and integrated represent and delineate a fundamental problem in the individual's life, as it concerns the individuals definition of the self. Conflict within an experiential event between the perceived event and existent constructs is an invalidation of the sense of self and its symbolized meaning. The conflict signals the need for re-integration and adaptation through additional interaction in order to secure validation. Individuals handle and incorporate life's ongoing series of invalidations to meaning as they expand, grow and move through developmental periods, life experience and exposure to the world. They vary in their ability to handle invalidations and their determination of what is an invalidation and the degree of its severity. Successive evaluations and interpretations are progressively analyzed and synthesized and their adaptations may be clearly and positively adaptive, maladaptive and detrimental or their value may hinge on value judgements. Successive adaptations to experience in interaction produce a sense of self from accumulated symbolized meaning and worth validated in interaction. The sense of self directs how and the way individuals search to confirm the validity of the self definition. It is through interaction that individuals come to know the self (and others) and derive their meaning and worth. Interaction is fundamental to the definition and redefintion of the self in meaning. Rigidity of meaning (or the self) can only be maintained in the the absence of interaction

as opportunities to confirm or disconfirm are not available. Isolation and withdrawal indicate a lack of interaction and are characteristic of depressives, attempters and completers but isolation does not by itself predict suicide. The writer proposes that interaction is part of a process towards validation. It is the way that interaction intervenes in the validation process that it becomes salient in a suicidal process.

Evaluation

Evaluation is proposed as involving cognitive, affective and intuitive processing of perceptual experiencing. Intuitive processing is accepted as playing a part in this process but no attempt will be made to address or delineate the functioning of this elusive processing channel. Processing directs how the interactional experience will be integrated in the self system. The evaluation of perceptual experience begins the chain which ultimately prescribes what individuals do, how and the way they manage their self systems. Perceptual attention and response is the shape and form processed in evaluation creating a perspective that directs integration and allows validation or signals the need for adaptation and additional experience before confirmation-validation or invalidation. This perspective is the consequence of cognitive and affective evaluating of interactional events across and within domains according to salient dimensions. These dimensions are qualities of perceptual experiencing processed through the cognitive and affective channels. The proposed dimensions are: the perceptual experience of competence, with an experienced sense of mastery or

adequacy; importance, a sense of significance or centrality of the domain reflecting an ordering, priorizing or salience; potency, which reflects the possibility of effect within a domain or the application of power, ability or action; responsibility, the sense of will in relation to potency reflecting causality, consequence and vulnerability; and accuracy, which reflects the ultimate perceived sense of validation or invalidation which may in fact be accurate, a distortion or inaccurate. Accuracy also reflects the questioning of perceptual experience when conflict enters between evaluation and integration as invalidation (Harter, 1985).

Evaluation is in the perceptual experiencing of the perceiver. It is directed and mediated by a number of factors: the established validated experience of symbolized meaning and worth or validated beliefs, assumptions, attributions; by interactional issues of content and developmental issues, such as to what and to whom one is attending and with what equipment; the channels of evaluation, the cognitive styles and patterns, the attendant affect and the interplay between the experienced cognition and affect and the mental and emotional state prior to the particular experiential interaction; and the individuals particular focus. Individuals experience with a preference, a tendency towards a dominance of perceptual experiencing to focus "within" or "without" towards ideas and feelings or to people, things and sensations. This focus operates in conjunction with a preference of the evaluative channel towards cognition, thinking and judging or the preference of the affective channel, feeling. These preferences focus and direct the valence of dimensions and domains. Interaction,

particularly experiential events producing conflict and invalidation signal the need for integration and the stimulation of all channels and focus to be involved in evaluation, processing the dimensions according to the domains to which they are applied.

The cognitive channel of evaluation has been explored by a variety of investigators from several perspectives. Rigidity and dichotomous thinking (Breed, 1967, 1972; Erikson, cited in Ryckman, 1982; Kelly, 1955, 1961; Miller, 1967; Neuringer, 1964, 1967, 1979; Ringel, 1973; Shneidman 1976, 1984), thinking patterns (Adler, cited by Neuringer, 1974; Beck, 1963), and distortions within thinking patterns (Beck, 1963; Bedrosin & Epstein, 1984; Rush & Beck, 1977) have been examined in relation to depressives and suicidal individuals. The writer identifies rigidity and constriction as governing the access of experiential events to processing (dimensions and domains) and the access to processing channels. Patterns and styles reflect prior validated experience and the constructs formed as understandings and predictions of experiential events. Patterns are called schemas which are stable patterns of consistent responses to similar types of events. Evaluations may produce observations and descriptions that are distorted to fit existing schemas. Cognitive distortions reflect processing biases, in action, ordering experience to fit prior constructs of meaning. Levenson (1974) points out that most attention to cognitive processing has focussed on parts of the cognitive process rather than the overall style of processing. Field dependency is a cognitive style of processing characterized by its consistency to not isolate and evaluate parts but

rather to generate evaluations from the influence and organization of the total field. This forms an alternate perspective to the noted dichotomous bipolar thinking of suicidal individuals. In addition, this type of processing reflects considerations of brain functioning and the possible dominance of the left or right hemisphere; "the left broke things down into component parts and excelled at logic, the right brain perceived things 'holistically' as 'gestalts' . . . . There are suggestions the right brain is more emotional than the left" (Hooper & Teresei, 1986).

Evaluation involves cognitive and affective processing and their combined effects. Depressive affects are involved in cognitive processing and particularly with cognitive distortions (Beck, 1963). Evaluations integrated, via cognitive and affective channels as despair and hopelessness have been found to account for a major part of the relationship between depression and suicide (Beck, 1963; Beck & Lester, 1973; Bedrosion & Beck, 1979; Bedrosin & Epstein, 1984). Validation of the hopeless evaluation may be forthcoming from prior validated experience; assumptions, attributions and schemas that have been selectively pursued and which function to confirm maladaptive solutions, negative evaluations and validations of negative meaning and worth: hopelessness and helplessness with a negative sense of self. Acceptance through validation that life situations are hopeless and painful is based, in the cognitive model, and in the self as process schema on a chain of cognitive and affective reasoning that must be modified if suicidal intent accompanying these beliefs and feelings is to be reduced.

Consistent with attitudes towards suicide and the self that focus on single discrete aspects, evaluation has been designated, within the realm of multiple factors, as a singular, isolated facet somehow being viewed as limited to and connected only to esteem through the affective channel with most attention paid to the influence of feelings. Evaluation, as cognitive judgement is something humans utilize and exercise moment to moment, in varying degrees towards a variety of dimensions within every aspect and domain of existence. The single, discrete factor approach focusses on the motivation provided by esteem as less than a major force as it is not connected to meaning, which together with worth form the known sense of self. The self as process focusses on evaluation, both cognitive and affective, as a major, salient component of the sense of self. This dominance and importance is accorded through its function towards validation, which the self system must receive to maintain integrity and overall functioning.

Low self concept, regard, esteem or evaluation have been considered "axiomatic" in depression and suicide (Shneidman, 1974). In the self as process, evaluation is attached through the affective channel, to self-esteem which is objectified as worth and through the cognitive channel to meaning. Integrated evaluations produce meaning and worth and the validation or invalidation of that meaning and worth. Negative evaluations within the dimensions and domains may be integrated and adapted and not interrupt the cohesiveness of the sense of self. They may be validated as negative and they may represent a minor invalidation. Evaluations may interrupt and severely challenge meaning

and worth. Such evaluations form discrepancies between existent constructs and current experience as interactional domains are evaluated by the dimensions of competence, importance, potency, responsibility, and accuracy. Critical discrepancies represent major invalidations that challenge the sense of self and the entire self system. A major collapsing invalidation may be integrated and adapted through self destructive behaviour such as suicide.

> There are two basic, albeit contradictory, truths about suicide: (A) Suicide should never be committed when one is depressed (or disturbed or constricted); and (B) almost every suicide is committed for reasons that make sense to the person who does it . . . . There is no such act as a rational suicide; but every suicide is a rational act-except possibly one committed by an actively psychotic person . . . . Suicide should not be misunderstood as hostility directed toward the introjected love object; but rather suicide is better understood as anguish over the plight of the writhing self (Shneidman, 1984, pp. 320-321).

I suggest that there are alternative models that have not been fully developed and explored by suicidologists and that these models may do a better job of reflecting the reality of the suicidal person and his or her experience of life. It is not a question of right or wrong; it is a question of utility. A medical approach to suicide discourages us from examining the basic rationality of most suicidal behaviour and from taking seriously the perspective of the suicidal individual who is trying, in his own way, to cope with an untenable situation. It is my impression

that suicide is a function of factors which are experienced by all of us to some extent (Rudestam, 1983, p. 1).

Only be being able to see the possibility of suicidal potential in everybody can suicide prevention of anyone really become effective (Shneidman, 1969, p. 47).

Integration

Integration is the analysis of perceptions, observations, descriptions and anticipations through reflection and interpretation and their synthesis with existent constructs. Integrated constructs are objectified experience; experiential interaction and evaluation integrated and incorporated through the self as process. The representations are the symbolized meaning and worth forming the sense of self. Through successive interactions, processing, interpreting and adapting the sense of self is validated or invalidated.

Integration presupposes interaction and evaluation and occurs as a result of interaction and evaluation. Interaction influences integration through what experiential events, domains or dimensions are permitted access for processing and also influences the access to processing channels. Perceptual experiencing and processing may be limited or strained by the presence or absence of interactional events and evaluative processing. If individuals are isolated and withdrawn; physically, cognitively and emotionally, few demands are made on integration processes. In isolation individuals handle their experience in terms of previously integrated private meanings which may not make

sense to others or the world, and without contact, their private world of integrated meanings may be maintained. However, without continued involvement, validation of their meaning and the self lapses and the sense of self diminishes. Individuals withdraw to avoid invalidation, to avoid disconfirming experiences (Kaplan & Pokornay, 1976; Nelson, Nielson, & Checketts, 1977). A high incidence of isolation, or reduced relational systems providing emotional contact, has been reported in relation to suicide (Henry & Short, 1957; Sainsbury, 1955; Stengel, 1957). The sense of self requires ongoing validation of the self in meaning provided through continued contact and interaction. The self as process proposes that interaction and evaluation are necessary for integration and ultimately, validation, in order to provide a secure and valued sense of self. Threats to the validation of the sense of self are illustrated by the demands made on integration by the presence or absence of interaction and channels of experiential processing. Demands limit or strain integration and subsequent validation.

Stress or strain is viewed as a transaction, the communication of perceptual experiencing between an individual and the existent situation with evaluation and meaning intrinsic to its definition. Stress challenges existent constructs, behavioural manifestations and the sense of self as process. The challenge of threats and stress may produce positive adaptations creating a valued sense of self or they may be detrimental and maladaptive.

Stress interferes with perceptual experiencing, it alters the quality of attention and response in interaction. The stress of threats and conflict signal the need for adaptation and re-integration of

experience and may overwhelm the individuals entire self system. Stress creates a physiological sequelae of distress which may deplete the system to such a degree the individual can no longer cope (Coleman, 1972). This forms a disconfirmation and invalidation of the self. Lazarus (cited in Rutter, 1981) made the observation that it may not be the major traumas but the small everyday hassels that create stress and overloading. The number of stresses as opposed to the particular stressor was also noted as critical (Langer, Michael, & Berkman, cited in Coleman, 1972). Stress is understood as the degree of challenge to integration and the subsequent degree of invalidation of the sense of self, meaning and worth.

The perceptual experience of stress taxes evaluation and integration. Cognitive and affective experience in evaluation may challenge the possibilities of positive integration. Analysis may be fragmented or distorted, and synthesis inadequate, incomplete, impossible or negative. Experiential challenges to evaluation, integration and validation are presented by stress as disruptions to relationships, expectations and self-other definitions experienced in life change events. Life events and change are validational issues, challenges to prior validated meanings of the self. Life change events are reported to cluster prior to the onset of depression and suicidal behaviour (Coleman, 1972; Cochrane & Robertson, 1975; Paykel, 1976; Rutter, 1981). The amount of change, regardless of pleasantness or unpleasantness is more highly related to psychological disturbance (Dohrenwend, in Cochrane & Robertson, 1975) and was found to distinguish

suicidal behaviour (Cochrane & Robertson, 1975). Change in identity measured as loss or gain of roles was found inversely and significantly related to distress (Thoits, 1983). Loss of identity or a sense of self has been related to depression and to suicide (Lowental, 1977; Shainess, 1976; Singer, 1977; Weiner & White, 1982).

Change challenges integration and validation; the conceptions of meaning and worth and the sense of self. Change requires the construction of new meaning and worth through the alteration, modification and development of new constructs which are then validated or invalidated through experiential interaction. Change (meaning) and concomitant stress (cognitive and affective evaluating of perceptual experiencing) demand integration and re-integration through adaptation (altering direction through meaning and applied in interaction) to confirm the modified constructs and adaptive action in order to provide validation.

The challenge to integration presented by threats, stress and change may be moderated by coping and social supports (Cobb, 1976; Pearlin, Lieberman, Menaghan & Mullan, 1981; Pearlin & Schooler, 1978). Mediators and moderators of stress and change may be understood through interactional influences and their effect on evaluation channels. Support networks moderate affect (Burke & Weir, 1981; Rudestam, 1977). They provide validation, and the continued interaction provided by contact may mediate meaning (Miller, 1967). Psychological characteristics may contribute more to how long the individual may cope with stress and change than it contributes to maladaptive solutions (Coleman, 1972).

The response to invalidation created by stress and change prompts evaluation, re-integration, adaptation and the search for validation. After valiant attempts to positively integrate and validate, and out of frustration, futility, impotence and hopelessness individuals may accept the invalidation of meaning, worth and the sense of self. The conflict produced by stress and change can not find a fit within the existent constructs of meaning of the sense of self. The lack of fit is perceived, evaluated and integrated as the collapse of meaning, worth, and the sense of self. Integration is the bringing together of parts as perceived and evaluated in analysis and their synthesis within previous integrated constructs. Integration and re-integration alter, modify, delete or create constructs or the system of constructs collapses. Integration unites and makes whole and the whole may be positive and it may include negative integrations and validations. Negative integrations are meanings and invalidations. They may reflect a partial invalidation of the sense of self and meaning or they may reach critical proportions invalidating the whole system of meaning and the self. The integration of the collapse is chaos and the collapse is felt as the annihilation of the self. Meaning, worth and the self have been severed from meaning in the world and within the self. Thinking as usual cannot be maintained when assumptions, beliefs and knowledge of the self and the world and how they function have been overthrown. The system of relevances no longer exit in meaning, nor does the self.

> The reality . . . counted on in a "consensually validated, objectively defined", world no longer exists (Lichtenstein, 1977).

> This reality gave a sense of order to the universe, a sense of permanence of the environment as predictable and ordered. Both the internal environment, i.e., the inner sense of self reflecting the emptiness and struggles with despair . . . are to be re-ordered along with . . . outer attempts to bring order out of chaos. The relationships of self-to-self and self-to-other have under gone change; the scheme of things has been disrupted and one must now face a revolution bipolar in nature, an inner and outer one (Weiner & White, 1982, p. 492).

Adaptation

Adaptation is the response to experiential interaction, evaluation and integration that challenged the validated system of relevances. The writer conceives of adaptations as decisions, intentions, commitments and priorities forming the basis of planning, goals and solutions intended to guide the individual towards validation, a cohesive sense of self and an integrated self system. The self as process proposes that adaptations are internalized function to be applied in interaction. The self creates and recreates itself in the successive adaptations to interpretations of the ongoing events. The self as process advances the concept of self or identity formation as a process of meaning formation by modifying and justifying life (meaning, behaviour and the self) as one lives it in experience through evaluation, integration and adaptation.

Meaning, worth and the sense of self impose direction and behaviour through internalized adaptive responses functioning to secure

validation. Validation reinforces the performed behaviour, meaning, worth and the sense of self directing it. The function validates the structure. If the structure is not validated the invalidation signals the need for adjustment and innovation. Invalidation threatens meaning, worth and the sense of self if forms. Adaptation seeks validation through adjustment by altering the conditions that give rise to the invalidation, the cognitive meaning and worth, and the feelings attendant in the invalidating experience (Pearlin & Schooler, 1978; Rudestam, 1977).

The perceptions of the ability to alter conditions contributes more to the adaptive response than the actual ability to alter conditions. Some conditions are unalterable, and some only through the perception of their attached meaning or the priorities and importance of the multiple meanings connected to the event, situation or solution. The attachment of meaning is the most important and significant contributor to the creation of well being and to the creation of distress. The discrepancy of meaning creates a threat and the renewal of meaning can resolve the threat. Individuals spontaneously create meaning from experience in order to survive and to give purpose, direction and value to their world. They spontaneously and laboriously recreate meaning for continued survival during encounters with change, threat or stress.

Individuals adjust meaning by reorganizing constructs, the meaning itself or provide for the adjustment of meaning through the channels of organizing experience, which effectively constitutes a reorganization of the constructs and meaning. Cognitive restructuring occurs as

individuals under stress, adapting to discrepancies and disparities, experience interference of attention and response and adopt simple modes of organizing and valuing experience. The experienced interference provides an adjustment to meaning by altering the attention and response of perceptual processing channels. This is illustrated through the effects of affect, behavioural disturbances, inability to concentrate, emotional and cognitive lability and the scattering of forces when too much happens at once to be easily organized. Perceptual processing channels also shut down access to perceptual experiencing and interaction as illustrated by constriction, rigidity, bipolar and dichotomous thinking and the cognitive distortions of cognitive schemas and errors. These adaptations serve to protect, by altering evaluated experience in order for experience to be easily and positively integrated in meaning and confirm the self. Adaptations form pathways through which the individual searches to confirm the validity of self beliefs, assumptions and predictions about the self and others in the world. Adaptive pathways have been outlined as cognitive styles and schemas (Adler, cited in Neuringer, 1974; Beck, 1963), as rigidity, constriction, dichotomous thinking or totalism (Erikson, cited in Ryckman, 1982; Neuringer, 1964; Ringel,1973; Shneidman, 1976, 1984), as part of self conceptions formed by reflected appraisal and self attributions (Bem, cited in Gecas, 1986), as self attributions forming part of self conception, a major component being self efficacy (Bandura, cited in Gecas, 1986), and as constructs forming the construction of meaning for the prediction of events (Kelly, 1955, 1961).

Pathways as patterns, directing life and forming the essence of the self are evident in the concepts of ego-identity (Erikson, cited in Ryckman, 1982), life or self structure (Levinson, cited in Maris, 1981), life fantasy (Smith, 1986), core role and core constructs (Kelly, 1955, 1961), life scripts (Berne, 1964, 1976; Steiner, 1974), life principle (Lichtenstein, cited in Jackson, 1984), and self representations (Lowental, 1977). These patterns and pathways are designed to guide, give purpose and value and may function smoothly creating an integrated, desirable and validated self with meaning and worth. They may also dedicate the living of life to the pursuit of unobtainable goals based on unrealistic expectations. The self as process also considers that these patterns and pathways of validated experience directing what to do and how to act in the world in order to maintain meaning, worth and insure survival may be the validation of negative values and maladaptive behaviour. An 'undesirable' self and painful existence may be the validated experience. Such experience or the longevity of such experience may eventually produce a negative sense of self with invalidated meaning and worth accompanied by the full complement of unpleasant affect and a sense of futility.

Adaptive solutions to invalidation, instead of or in addition to the alterations of meaning or conditions may focus on altering the affective state. Depression, withdrawal and isolation may function to protect the individual from painful affect. Alcohol and drug use may serve to inhibit, moderate or alter ones affective experience. Alcohol and drugs also interfere and alter cognitive functioning and perceptual experience. Mental illness forms another adaptive retreat, from affect

and meaning. Particular adjustments and solutions may improve adaptation and the likelihood of securing validation or increase the risk of maladaptation and invalidations threatening the development and maintenance of a cohesive meaningful sense of self. Suicide represents an adaptation to conflict, threat and invalidation which serves to alter the conditions that give rise to invalidation, the meaning of the experience and the attendant affect. Adaptations are reflected in opportunities and style of interaction and in cognitive and affective experiencing. Adaptations function to secure confirmation, validation and the continuance of the existential self.

The writer proposes that the absence of validation and the presence of invalidations (particularly those that severely challenge the sense of self and meaning) may slowly or suddenly culminate in the loss of meaning and the sense of self. These critical invalidations collapse the whole system of meaning and extinguish the structural, symbolic and psychological sense of self. When the sense of self and meaning are perceived, evaluated and integrated as wholly invalidated no functional value or purpose in living remains. This is perceived as no meaning and no sense of self for living. The self that formed a focus or perspective towards continued existence has perished. The known meaning of no meaning and no self in meaning evolves from evaluation, integration and adaptation in experience and results in the awareness that the self's distinctness, consistency, volition and reflection are without meaning and value. Awareness consists of an internal desolate emptiness. Invalidity flows through the self as process, through the

entire self system culminating in the experience of the impoverished and extinguished self structure: awareness, meaning, worth; the internal symbolic self. In the self as process, the writer proposes that awareness, meaning and the self functions to validate itself. The self system functions to validate its evaluated and integrated experience for the integrity of the self system and its cohesiveness internally and externally. Through critical invalidations, meaning and the self it forms reaches a void internally and symbolically, and functions to validate itself externally. Volition exists, adapts and acts to confirm the experienced invalidation. Suicide.

Suicide and Meaning

Motivation exists, in the self as process as the writer conceives it, towards the validation of the sense of self and the self system. Motivation functions to validate the self structure in awareness and symbolized meaning. Suicide is motivated as a function of adaptation to validate the meaning of no meaning and no self. Paradoxically, suicide validates invalidation. The "act" creates a symbolic validation of the lost or unobtainable meaning and self. This symbolic validation of the act of suicide may be obtained logically, by observers and only as a consequence of the act. The experience of the suicide is invalidation.

The writer views the paradox of suicide in validational and invalidational terms as occurring through the acceptance of the irrevocability of invalidation, of meaning and of the self. The self is trapped and imprisoned in its meaning of no meaning; the paradox being that no meaning is a meaning, the self exists. Meaning is itself, the

result of itself and the cause of itself. Meaning is the self, the cause of the self and the result of the self.

Kelly (1955, 1961) presents the paradox of suicide as the validation of meaning that cannot be abandoned or cannot be maintained in the event of change. He views suicide as a validational act, an attempt to extend life not terminate it by validating the constructs the individual lived by and as an attempt to impose order out of chaos through death. Personal construct psychology views meaning as outside the self. The writer proposes that the self as process views meaning and the self as mutual and synonymous.

"Suicide is both a logical and psychological phenomenon. As a logical thought disorder, it is fueled by an individuals emotional turmoil and grounded in his psychological history" (Shneidman, 1984, p. 320). While this is undoubtedly true and reflects the process of self towards suicide it also reflects the process of many for whom suicide is not an issue. Suicide forms another meaning and becomes "the expression of another much more profound and hidden possibility, the possibility of a spiritual denial of self, or, what comes to the same thing, to an impious and demonic affirmation of self which amounts to a radical rejection of being" (Marcel, cited in Farber, 1977, p. 244).

The meanings of suicide have been subject to consideration. Baechler's typology of suicide proposes that "suicide is not caused by environmental forces or an unconsciously motivated suicidal tendency, but rather is a purposeful, meaningful act chosen by an individual to solve a problem in living" (Smith & Bloom, 1985, p. 80). Baechler's

typology of purpose presents a variety of meanings, all as intended solutions to problems. Durkheim's types of suicide form another set of meanings. Maris (1981) argues that suicide has only a few different meanings and is performed as only a few types of suicide, primarily as "escapist or aggressive" solutions to the human condition. Suicide as an adaptation to problem solving in Baechler's or Maris' typologies and meanings focus on an understanding of the suicidal act from the position of the observer, from outside, imputing meanings. The meanings of Durkheim's types of suicide are also outside-social meanings.

Douglas (1967) has fiercely pointed out that social meanings are fundamentally problematic.

> One of the most abstract and important generalizations that we have considered in this work is that the meanings imputed to suicide independent of concrete situations in which the communicator is involved are different from the meanings imputed to concrete situations in which the communicator is involved. In general terms this means that the situated meanings are significantly different from the abstract meanings (p. 339).

Douglas does not believe you can separate the communicator from concrete situations, nor explain suicide in terms of abstract social meanings. Typologies, viewed as adaptive problem solving solutions, "look out" to the social world for meaning. They articulate causes in a way that emphasizes a manipulative sense of suicide, towards others. The writer suggests there is a need to "look in" to the world of meaning of suicides, how those individuals construe meaning and their sense of the impossibilities of a meaningful existence. It is imperative to

understand the suicides' unique sense of meaning and sense of self which have collapsed creating a psychological and symbolic void.

Evaluation, applied as dimensions towards domains maintains Douglas' sense of not separating the communicator from concrete situations. "Looking in" examines the integration of evaluated experience in interaction. Integration represents the personal construction of meaning. It is the personal construction of the effects, consequences and predictions of the culminated and accumulated interactions of personal and social forces. Suicide is explained, not in social meaning, but in personal meaning, involving both idiosyncracies and social meaning. Suicide is also explained in abstract meaning. Suicide is the physical act validating the psychological and abstract collapse and invalidation of the sense of self symbolized in meaning and worth. The internal symbolic death converges on the external in the physical act of suicide.

The contention that suicide is the unwillingness to accept the human condition is rationalized as the inability to find a reason to live. "He who has a why to live can bear with almost any how" (Nietzche, cited in Rudestam, 1983, p. 7). This inability is often considered, in tone if not in fact, a refusal. Rather, it is an acceptance, a recognition, that the self is wholly invalidated and severed from meaningful existence in the world. The life not worth living is simply how it looks to the person who is living it. The evaluation, integration and adaptation of the suicides felt meaning that life is not worth living can only be appreciated with compassion and

understanding of their experience. Meaning is in the eye, the mind and the experience of the self. The suicide's experience is of the self's non-existence symbolically, and the acceptance and adaptation of that belief as irrevocable. Death becomes but another creation, the final one, of the self who creates and recreates the self.

To understand suicide is to understand the self who suicides, their world view in the existent moment.

> You know how I feel, I feel like a negative. You know, the kind from a black and white picture, the part that's not there (Gwen Cochrane, February, 1987).

> [The self] arrives at an extreme and radical concern over the very center of . . . being, creating . . . an abyss too wide and too deep for easy bridging (Farber, 1977, p. 249).

Suicide crosses the abyss on death wings.

Additional Considerations

Several issues related to suicide were not included in the text of the components of suicide and the self as process. As these points are important in understanding the phenomenon of suicide the writer presents these issues as additional considerations.

Ambivalence and the Suicidal Decision

Ambivalence in suicide literature refers to the vacillation between life and death in the mind of the suicide as towards death (cessation) and away from pain. This meaning becomes one of a pain threshold (Shneidman, 1984). The self as process focusses on

validational ambivalence. Ambivalence is questioning the certainty of meaning and the existence of the existential self: "Is there anything worth living for? Can I, Do I exist in these terms?"

The suicidal decision is viewed through the integration of invalidation. Suicidal integration essentially represents the recognition of the criticalness of invalidation and the acceptance of its irrevocability. This acceptance is usually referred to as helplessness, hopelessness, impotence and futility. The self as process denotes cognitive and affective hopelessness as invalidation of the symbolized meaning and worth and the existence of the self. The decision is this accepted recognition, experienced, and not chosen. This recognition bears a resemblance to the definition of suicide as the solution to end unbearable pain.

> By definition, what is unendurable cannot be endured; therefore his suicide is not a matter of choice but an externally determined response to a situation that has deprived him of choice. The flaw in this construct, of course, is that his definition of his condition as unendurable is very much a matter of choice, and thus, obviously, so is suicide. What is interesting here is the despairer's efforts to deny the true possibility of choice and, by extension, to deny the responsibility for his suicidal act (Farber, 1977, p. 249).

The questioning of ambivalence is a seed of hope within the experience of invalidation. Invalidation, critical to the point of questioning, challenges experiential integration and evaluative

accuracy. Facing symbolized death, the collapsed meaning and sense of self, ambivalence may detect the option of accepting the unendurable pain and crushing invalidation. Illumination and renewal may be triggered by validational ambivalence, questioning detecting meaning in no meaning (pain and invalidation) as an avenue to possibility, chance, and choice as the self struggles for some meaning to existence. The acceptance of the terrors of life and living invalidations is ambivalence's last stand, the last possibility to meaning and continued existence. For some, confronting death of the internal and contemplating death of the external springs them through acceptance of the terrors to see new possibilities in life. Possibilities of chance and choice return the individual to the world, diminished, but not crushed. For others, the critical invalidations and the collapse of symbolized meaning and the psychologically extinguished self may be too complete for the acceptance of the internal terrors of life's invalidations to spring the individual to renewed meaning through acceptance of invalidation. Internal depletion is validated in suicide.

Attitudes Towards Death: Existent Validated Constructs

Ambivalence, the suicidal decision, motivation and the issue of choice, change and possibility are mitigated by ones attitudes towards life and death, existent validated constructs. These attitudes push and pull towards or away from death. Religious, philosophical, spiritual and secular beliefs encourage death to be seen as either; positive, the glowing after life of heaven, the immortal soul or continuing consciousness; as negative, the demonic after life or hell; or simply

the fear of ceasing to exist-nothingness. These attitudes propel in either direction depending on the evaluation of the existent situation and its fit into the current constructs of meaning.

The self as process proposes that individuals' current evaluations and validational experiences are important, critical, and motivational, particularly if the evaluation of the existent experience of self and meaning is of nothingness. When evaluated personal experience (meaninglessness and absence of worth) is validated in the existing constructs of attitudes towards death (nothingness), this consistency conspires towards suicide. The consistency with prior validations forms a validation reinforced by past structure and reinforcing current structure and its function. Individuals strive to secure validation through the integration of evaluated experience into validated experience. Structure functions to validate itself. In suicide the structure of meaninglessness and absence of worth (integrated from experiential interactions) functions to validate itself in suicide. This is encouraged by any consistency (validation) with the system of relevances, understandings and beliefs that once formed a stable meaning of the self. Again the paradox of suicide, the validation of the invalidation fueled by remnants of prior validations.

Invalidations of Shame and Failure

Shame and failure are often noted as motivational forces in suicide and defined as reactions to external goals, particularly major goals of the ego ideal. The self as process views shame and failure as affective

and cognitive evaluations produced through dimension-domain evaluation. These evaluations of discrepancy are integrated as invalidations to be adapted and re-integrated in the search for validation. Shame and failure, if they cannot be adapted and reintegrated providing a validation may contribute to critical invalidations and the collapse of meaning.

Invalidations result from the severing of a basic root, usually a silent and cherished assumption, integral to the organization of meaning and the definition of the self and to the failure to achieve a lofty goal, recognized and articulated in terms of success and failure. When foundations crumble the structure collapses, the self struggles for meaning in chaos. When pinnacles are not reached they are more readily viewed in meaning. The evaluative dimensions when applied as cognitions or emotions to the interactional domains reveal the paths to meaning and the understanding of shame and failure as integratable invalidations or critical invalidations endangering the physical self with the collapse of meaning and the loss of the symbolized self.

Shame and failure may produce the adaptational response of withdrawal to avoid invalidational experience which also limits the opportunities for validation. The absence of validation is experientially, a variant of invalidation. Withdrawal and isolation; physical, cognitive or emotional, characterize the lack of opportunities for validation. Isolation as the lack of connection, interaction and communication is an adaptation intended to protect from invalidation, insulating validated meanings and the self from conflict. This is

another of the paradoxes of suicidal adaptations--protection from invalidation through invalidation.

Attempted and Completed Suicide

Myths about suicide have been generated by generalizing findings about attempted suicide to completed suicide. The result is confusion and error concerning their possible distinctions. Maris'(1981) study has served to disentangle the distinguishing features of attempted and completed suicide and promotes their distinction as separate groups. The self as process views these phenomena as points on a continuum, locatable by the degree of adaptation as the degree of invalidation. Partial invalidations seek adaptations in interaction, communication and the struggle to seek validation. This is characteristic of suicide attempters, who are still involved and connected to their world of meaning, albeit traumatic and problematic. Examples would be suicide as a revenge or attempts to influence and change others or the situation. Attempters experience partial invalidations and negative meaning and their attempts may be viewed as communications of adaptation seeking to alter meaning and experience. Completed suicides are characterized by critical invalidations, either slowly or suddenly, that rob the individual of choice, struggle and the chance of possibility. Attempted suicide describes the human effort and struggle for change and validation, the proverbial cry for help. Completed suicide describes the cry of the anguished soul extinguished in invalidation, the crushing of the spirit and essence of the self's existential existence. Such individuals are no longer connected to a world of meaning or the

possibilities of change or choice to meaning. They experience abandonment of meaning and the symbolic self and willfully seek abandonment of the physical self.

Suicide Assessment

Suicide is the adaptation to the recognition and acceptance of critical invalidations and the acceptance of the irrevocability of the invalidations. Critical invalidations collapse meaning and the sense of self. Suicidality results from the accepted irrevocability of the shattered meaning and the self it forms. Determining suicidality is to determine if meaning and the sense of self are shattered and collapsed by the presence of perceptions that there is no self and meaning in existence.

Acuteness of the imminence of suicide will be reflected by individuals' perceptions of the absence of self in meaning. Chronic suicidality will be reflected by the selfs' attempts to adjust meaning. For the chronically suicidal, issues still very much matter while the acutely suicidal have moved beyond involvement as the self and meaning that mattered cease to exist.

Invalidations creating a collapse of meaning and the self may be discovered by identifying the discrepancies between perceptual experience and processing, and existent validated constructs. Anxiety, stress and change form threats to existent meaning and the self as interactional events are perceptually processed and interpreted as

discrepancies. The identification of conflicts and discrepancies identify existent constructs forming the self in meaning.

The meaning of discrepancies may be determined by examining the channels and dimensions of evaluation as they are applied to interactional domains. The access to evaluative channels encourage, limit or prohibit perceptual processing. The dominance or preference of one channel over another also limits and directs processing. The evaluative dimensions of processing; importance, competence, potency, responsibility and accuracy as applied to interactional domains reveals beliefs and meaning. The salience of particular dimensions and domains, singly or in combination, indicate existent validated constructs and their relevance to the self in meaning which identifies vulnerability and the nature of invalidations likely to be perceived as critical. Specific adaptations and previous types of adaptations also reveal meanings and the sense of self the adaptations serve to validate.

The assessment of suicidality for prediction and prevention from this approach and understanding of suicide may be facilitated through the reliable identification of the loss of the symbolic self and meaning. The preparation and development of a structured clinical interview or scale is indicated for determining the presence of the suicidal acceptance of the loss of the self in meaning.

The identification of discrepancies between perceptual experience and existent constructs, the meaning of existent constructs and the salience of specific constructs as integral to the self and meaning are perceived to be central to the development of a therapy of suicidal intervention rather than the assessment and prediction of acute and

chronic suicidality which would be more expeditiously served by the identification of the collapse of the symbolic self and meaning.

Summary of Suicide and the Self as Process

A conceptual schema of suicide was proposed and entitled, "Suicide and the Self as Process, Self-Validation--Invalidation." The schema attempts to capture and reflect the interactive effects between personal and social forces as they impinge of the individual and are reflected in personal meaning. The schema presents general principles while retaining subjectivity and honouring the fact that suicide is an individual, personal and private act.

The fundamental principle of suicide and the self as process is the acceptance of validation as the primary function of the self-system with invalidation as the distinguishing factor catapulting individuals to suicide. The second principle is that validation and invalidation are derived from meaning. The third principle is that the sense of self and meaning evolve from a process based on the premise that individuals perceive, reflect, interpret and adjust to experiential events in their perceptual field, creating and recreating the self in meaning. Meaning and the sense of self are proposed as being mutual and synomous, the process and product of continued interaction within the process of self formulation or the self as process.

The essential conceptual components of the self as process are conceived as functioning through the self; as the self, during interaction is subject to evaluation, integration and adaptation which

produces validation or invalidation of the self in experience. The self was proposed as being composed of I and Me aspects, with structure and function. The structural I is the agent or knower in awareness. The I functions in awareness perceiving, processing and evaluating. The Me aspects are those of the self as object, the product of what is known about the self. The structure of the Me aspects are the internal representations of organized and evaluated experience. The structure of organized constructs form meaning and function to provide perspective, purpose, direction and value for the self.

The nature of the self and its I and Me aspects are revealed in the process of self formulation as the sense of self evolves through interaction. The central features of interaction are attention and response as they allow the process to unfold. Given attention and response in interaction, the self processes perceptual experience through cognitive, affective and intuitive channels of evaluation. Evaluative processing, within and across dimensions and domains, produces observations, descriptions and anticipations which are analyzed and synthesized into existing constructs of meaning. Evaluated perceptual experience may be easily integrated or it may present a discrepancy between current experience and prior constructs. Discrepancies are invalidations, minor or major, and signal the need for additional interaction and evaluation to allow perceptual experience to be integrated. Discrepancies are adapted to allow integration and re-integration; the modification, creation or deletion of constructs of symbolized meaning synonymous with the sense of self. Interaction and evaluation stimulate integration and adaptation forming the continuous

revision, expansion or deletion of meaning and the sense of self. Adaptations function to secure validation of the evaluated integrated perceptual experience.

Invalidations threaten meaning and the sense of self. Major invalidations, slowly or suddenly, collapse symbolized meaning and extinguish the abstract, psychological and symbolic sense of self. Major invalidations are proposed as being evaluated and integrated as the annihilation of the symbolic sense of self, invalidating the entire self system. Thus, the sense of self ceases to exist in meaning. As the primary principle, self system then functions to adapt and confirm the existent meaning and sense of self. Volition exists, adapts and acts to confirm the experienced invalidation. Suicide.

Suicidal ambivalence and the suicidal decision are viewed as part of the process of self formulation evolving from evaluation, integration and adaptations to invalidating experience. The act of suicide, paradoxically, validates invalidation. This is a consequence of the act, in logic and to observers. The suicide's experience is invalidation. The assessment of suicidality for prediction and prevention from this approach and understanding of suicide is perceived to be through the reliable identification of the perceived loss and collapse of the symbolic self in meaning. The personal integration of meaning as it forms and supports the sense of self is identified as the variable intervening between the individual and the conditions of anomie and egoism in relation to suicide.

Summary of Formulations

A. The sense of self and meaning evolve from a process.

1. The process involves evaluation, integration and adaptation through continuous interaction which produces validation.

a. Interaction is the reciprocal actions or efforts during experiential events between the self and the world (others or the situation) and within the self. Interactional domains are the arenas, categories or spheres effected during interaction.

b. Evaluation is awareness attending and responding during interaction. It is the processing of perceptual experience; perceiving, feeling, anticipating, observing and describing. Evaluation channels are the conduits or passages through which processing occurs; cognitive, affective and intuitive. Evaluation dimensions are the properties, qualities or yardsticks of measurement involved in processing.

c. Integration is the organization of perceived experience into constructs of meaning. It is the analysis and synthesis of evaluative processing into the system of constructs.

d. Adaptation is action, internal or external; the cognitive, affective and behavioural responses made in order to adjust to shifting circumstance and experience, internally and externally.

e. Validation is acknowledgment or confirmation. It provides a sense of certainty of soundness of being grounded in one's interpreted reality.

f. Invalidation is disconfirmation with a certainty of nullification.

2. The self is defined and formed in meaning.

a. The self in meaning can be stated in terms of evaluative dimensional qualities or properties applied to domains.

b. The salient dimensions are: Competence, Importance, Potency, Responsibility, Accuracy.

c. The salient domains are: Physical, Athletic, Intellectual, Emotional, Psychological, Spiritual Sexual, Relational, Occupational, Adaptive, Achievements, Possessions, Time, Worth, Sense of Self.

d. The self defined in meaning provides the cohesiveness, integrity and wholeness of the self system.

e. A secure and valued sense of self results from the validation of self in meaning.

B. Validation and invalidation are derived from meaning.

1. Validation is the confirmation of the meanings forming the self.

2. Invalidation is the disconfirmation of the meanings forming the self.

3. Meanings integral to the self are identified by dimensions and domains.

4. Invalidation of meanings integral to the self are experienced as threats to the self.
   a. Threats are discrepancies of meaning between current experience and established beliefs.
   b. Meanings particularly vulnerable to threat may be identified as central and integral dimensions and domains.
   c. Threats or discrepancies to meaning and the self are coped with through adaptive responses intended to protect the self from invalidation.
5. Invalidations may be minor, threatening the self in meaning, or they may be major and critical, collapsing the self in meaning.
6. When meaning integral to the self is collapsed or extinguished through invalidation, the self experiences symbolic death.
   a. When meaning is collapsed, the self is collapsed.
   b. The belief of the collapsed meaning and self is integrated as irrevocable.
   c. The belief of irrevocability is derived from the certainty of invalidation as evaluated and integrated.
   d. The irrevocable collapse of the self and meaning by critical invalidation is integrated as meaninglessness, worthlessness and nothingness.
   e. Critical invalidations collapsing the self and meaning sever the individual from meaning in the world.

f. Critical invalidations collapsing self and meaning create an internal depletion, a symbolic death of self in meaning.

g. Symbolic death of the self in meaning represents the loss of focus providing for the self system's continuing development and existence.

C. The self system, the sense of self in meaning, forms a motivating structure which functions to secure validation.

1. The self system functions to validate itself to provide integrity for the system.

a. Individuals act according to beliefs about the self.

b. Individuals act to live up to beliefs about the self.

c. Individuals act to confirm their self beliefs.

d. The suicides experience, belief and meaning is of critical validation.

e. Suicide is an adaptive validational act to confirm the beliefs of the self system.

f. Suicide validates the self system belief of the collapse of meaning and the self; meaninglessness, worthlessness and nothingness.

g. The belief of no self and no meaning is an internal void of nothingness, a symbolic death. When the belief of death is also nothingness, this consistency conspires towards suicide. The internal symbolic death is confirmed and validated in physical death. Suicide.

CHAPTER 7

Implications

Implications Related to Therapy

The self as process accepts validation-invalidation as the distinctive factor catapulting individuals to suicide. It is directed to understanding the experience of living that creates this adaptive solution. The analysis of interaction through evaluation, integration, and adaptation permits an assessment of validation and invalidation. Specific attention to evaluation and its dimensions and domains and the subsequent validation- invalidation provides an assessment of intent, motivation and the link to therapeutic intervention.

This schema centers on self definition and self boundaries through the dimensions and domains of evaluations as a whole, with the need for flexible multifaceted self definitions across a variety of domains rather than focussing on a particular dimension or domain to the exclusion of others. The self as process recognizes the need to accommodate silent assumptions and salient articulations in evaluative assessment, as both contribute to validation. The self as process attempts to maintain the whole and its parts in relationship to the self system and recognizes the importance of specific and global evaluations and validations.

Evaluative processing guides therapy to the understanding of invalidation, locating the discrepancy and conflict between experience and integrated constructs where the self is imprisoned in meaning. It provides the source for countering invalidations, altering and modifying affect, and renewing meaning. This perspective emphasizes the importance of interpreting and reinterpreting conflict in terms of meaning.

The self as process reinterprets the meaning of "life change and events" by shifting the emphasis from stress to the human need for validation. Change represents invalidation, challenging validated meanings, and definitions of the self. It locates stress in meaning as the discrepancy between experience and validated constructs; assumptions, attributions, understandings and predictions of the the way the world works and what and how the individual is to behave in order to achieve validation. Meaning is amenable to modification, cognitively and affectively.

The collapse of meaning is recognized in the absence of stress, the suicidal calm of the recognition, and acceptance of the extinguished sense of self. Provocations to questioning and ambivalence become a seed of hope for the renewal of possibility and choice. Doubt and questioning are the seed of hope as the suicidal reject "infusions of hope" from their acceptance of futility and the irrevocability of invalidation.

Coping is located within the self as process in interaction and evaluation. The most valued coping resources and moderators of stress are support systems and personal efficacy (Burke and Weir, 1981; Cobb,

1976; Pearlin & Schooler, 1978; Rudestam, 1977; Rutter, 1981). Personal efficacy is the product of evaluation to be integrated and validated into existent constructs. Personal efficacy, in suicide, has specific and global implications. Specifically, it may refer to dimensions of evaluation in reference to specific domains. Evaluation within dimensions may challenge the integration of the evaluated experience and existent meanings may alter evaluation, causing the specific evaluation to be generalized to a global evaluation. Specific evaluations may contribute to critical invalidations because of the traffic between the specific and global. Evaluation and validated existent constructs require examination to discover the sources of discrepancy, to understand the meaning of the evaluation that generalizes to mean a critical invalidation of the entire self system, a global invalidation. The location of the discrepancy in relation to meaning allows therapeutic modification of meaning.

Hopelessness is understood as a global evaluation producing invalidation. The evaluation channels and their dimensions and domains direct the discovery of its source, as a distortion within the channel or as a discrepancy between an evaluation and the existent constructs and directs the understanding of hopelessness as a global invalidation of the sense of self and symbolized meaning.

Support systems in the self as process are located within the domains of evaluation and their importance is reinforced as the component of interaction. The value of continued interaction is the connection to emotional contact and involvement providing the

opportunity for the modification of meaning and validation by others. It is the contact and involvement offered in interaction that provides the possibility of stimulating avenues of integration and moderating affect.

The sense of self emphasizes the whole person and their experience of life. To approach therapy and assessment from this perspective of subjectivity, respecting and honouring the uniqueness of the individuals experience and interpretation understanding their felt invalidation, is to immediately counter the enormity of invalidation through emotional contact and support. To achieve this contact with understanding is a validation of the sense of self.

Implications Related to the Understanding of Suicide

The invalidation of the sense of self is a conceptual schema that provides an inclusive understanding of suicide. Through the collapse of symbolized meaning and worth the sense of self is perceived and felt to be extinguished. This collapse of the psychological and symbolic self in the self as process directs an understanding of the motivations of suicide and the suicidal process, decision, and act. It provides an answer to the query, "Why?" and elucidates why one and not others of a particular group distinguished by similar specific factors will suicide and why suicide is the resolution over other solutions.

The distinguishing factor in the self as process is not either the primary or the secondary factors correlated to suicide, although it may include any of them.

> The primary factors in the etiology of suicide are age, negative interaction, drug and alcohol use, hopelessness- depression-satisfaction, the number of suicide attempts, and use of lethal method. The secondary factors are sex, religion, early trauma, suicide in the family of origin, sexual deviance, work problems, physical illness and conceiving of death as an escape (Maris, 1981, p. 325).

The distinguishing factor in the self as process schema is invalidation of the sense of self symbolized in meaning and worth.

The self as process unites truths of suicide in an abstract conceptual framework. Its perspective connects the contradictions and inconsistencies and explains the variation conceptually. A model for every suicide is not necessary to explain the variation and subjectivity. Subjectivity and individuality are accounted for within the schema. It incorporates the reciprocal interactive effects of social and personal forces as they impinge on the individual. It allows for individual differences and is not embedded in social meanings although it allows for that embeddedness as an interactive effect.

Assessment from this perspective will predict for the individual. The schema has direct implications for therapy which provide a utility beyond prediction and the understanding of suicide. The general value of the schema is that it includes interaction and motivation.

Studies of suicide have reduced the vast array of biological, psychological, and sociological variables of suicide to a set of separate, simple events with the expectation that the sum would be greater than the parts and clarify the whole. This has proved to be

illusory. Suicide prediction has not been able to predict suicide for the individual. The understanding of suicide has remained fragmented, relying on discrete factors and demographic correlates. Understanding has been embedded in theoretical perspectives enmeshed with favorite assumptions that have not been eradicated despite contradictory findings. It is necessary to capture and reflect the discrete truths in the interaction between particular personal and social environmental forces to understand the meaning, power, and reciprocal effects of these forces on individual behaviour. The self as process claims to tap such interactive effects and influence as they impinge on the individual. This schema involves general principles while retaining subjectivity and honouring the fact that suicide is an individual, personal, and private act.

The difficulty with the schema is that it is subjective, and nominalist in part and tends to be unfalsifyable. Subjectivity is difficult to assess and not readily amenable to discovery, although the model directs an approach to the avenues of discovering subjectivities meaning. The testing of the model is a challenge empirically.

Implications Related to Clinical and Empirical Validation

Suicide and the self as process is claimed to be testable and verifyable. Empirical and clinical validation will require the translation of the components into operational definitions, the construction of assessment and measurement tools and testing of

appropriate representative populations for valid and reliable comparison and interpretation of the schema's principles.

It is desirable to translate the schema into a useful and practical form to test the schema's validity and reliability and to provide utility in the clinical setting, for assessment, prediction, and therapeutic interventions. This application is conceived of as being composed of two parts: first, the development of an identification and predictive measure for the assessment and determination of acute risk based on the "collapse of meaning and worth and the loss of the sense of self"; and second, the design of a complete detailed form to identify dimensions and domains and locate discrepancies in meaning between perceptual experience and existent validated constructs. This measure could be utilized for assessment and prediction. However, the writer perceives the usefulness of such a form as being primarily directed to therapy and the understanding of individuals specific, personal and private meanings and motivations. The development of such devices remains a future goal.

It is apparent that the testing of Suicide and the Self as Process will prove difficult given the complexity of variables. Variables cluster, influence one another and interact as they impinge on the individual, and becomes visible in the meaning construed by the individual. Quantifying each of the discrete, separate interactive variables is desirable for understanding the specifics contributing to the suicidal crisis, but may not contribute substantially over the global evaluation of invalidation evident in the perceptions of the loss of the sense of self and meaning for determining suicidal acuteness.

The critical invalidation of meaning, worth and the sense of self will detect acuteness, demonstrating a specific clinical pattern. Observable indicators of this "collapse of the extinguished sense of self and meaning" need to be identified. These indicators will emerge more from the study of lives than the study of variables. It is to be remembered that conclusions derived from hard, objective research designs are not substantially different than conclusions derived from dynamic and anecdotal case studies (Tabachnick, 1981).

> The ultimate practical dilemma, which the clinician faces alone, is making those final measurements that must be made with essentially no measuring instrument but one's intuitive judgement. How rational? How autonomous? How impaired? How painful? How likely to recover? How satisfying? As Baelz (1980) expressed it, "In the end in any particular situation, the individual must exercise his own conscientious judgement and make his own moral decision." All the philosophical treatises in the world cannot change that. We can only hope that in observing how the real world works, philosophers can recognize and respect the frailties not only of the would-be suicide, but of those who try to help them and of philosophy itself (Motto, 1983, p. 312).

References

Alvarez, A. (1971). The savage god. London, England: Weidenfeld and Nicolson.

Bak, R. C. (1973). Being in love and object loss. Psycho- Anal., 54, 1-8.

Beall, L. (1965). The dynamics of suicide: A review of the literature. National Institute of Mental Health Bulletin of Suicidology.

Beck, A. T. (1963). Thinking and depression. Archives of General Psychiatry, 9, 324-333.

Beck, A. T., Lester, D. (1973). Components of depression in attempted suicides. The Journal of Psychology, 85, 257-260.

Beck, A. T., Resnick, H. P. L., & Lettieri, D. J. (1974). The prediction of suicide. MD: The Charles Press.

Bedrosin, R. C., & Beck, A. T. (1979). Cognitive aspects of suicidal behaviour. Suicide and Life Threatening Behaviour, 9(2), 87-96.

Bedrosin, R. C., & Epstein, N. (1984). Cognitive therapy of depressed and suicidal adolescents. In Sudak, H.S., Ford, A.B., and Rushforth, N.B. (Eds.), Suicide in the young (pp. 345-365).

Berne, E. (1964). Games people play. New York: Grove Press.

Berne, E. (1976). Beyond games and scripts. New York, NY: Ballantine.

Braucht, N. G., Loya, F., & Jamieson, K. J. (1980). Victims of violent death: A critical review. Psychological Bulletin, 87(2), 309-333.

Breed, W. (1967). Suicide and loss in social interaction. In E. Shneidman (Ed.), Essays in self-destruction (pp. 188-202), New York, NY: Science House.

Breed, W. (1972). Five components of a basic suicide syndrome. Life Threatening Behaviour, 2(1), 3-17.

Brooke, E. M., & Atkinson, M. (1974). Ascertainment of deaths from suicide. In Suicide and Attempted Suicide (Ed. E. M. Brooke). World Health Organization, Public Health Paper 58, Geneva.

Brugha, T., Walsh, D. (1978). Suicide past and present--the temporal constancy of under reporting. British Journal of Psychiatry, 132, 177-179.

Burke, R. J., & Weir, T. (1981). Moderating effects of social support on life stress: The case of depression. Depression and suicide (pp. 155-159). Pergamon Press.

Cobb, M. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38(5) 300-309.

Cochrane, G. (1987). Private communication.

Cochrane, R., & Robertson, A. (1975). Stress in the lives of parasuicides. Social Psychiatry, 10, 161-171.

Coleman, J. C. (1972). Life stress and maladaptive behaviour. The American Journal of Occupational Therapy, 27(4), 169-180.

Choran, J. (1967). Death as a motive of philosophic thought. In Shneidman, E. (Ed.), Essays in self-destruction (pp. 59-78).

Diggory, J. C. (1974). Predicting suicide: Will-o-the wisp or reasonable challenge? In Beck, A. T., Resnick, H. P. L., & Lettieri, D. J., The prediction of suicide (pp. 59-71). MD: Charles.

Douglas, J. D. (1967). The social messages of suicide. Princeton University Press.

Dublin, L. I. (1963). Suicide, a sociological and statistical study. New York: Ronald Press.

Durkheim, E. (1951). Suicide: A study in sociology. Glencoe Ill.: Free Press.

Dyck, R., Newman, S. & Thompson, A. (1986). Suicide trends in Canada, 1956-1981. In Press.

Evans-Wenz, W. Y. (1960). The Tibetan book of the dead. London, England: Oxford University Press.

Farber, L. H. (1977). Despair and the life of suicide. Essence, 1(4), 239-250.

Farmer, R., & Hirsch, S. (1980). The suicide syndrome. London, England: Croom Helm.

Farberow, N. L. (1969). Self-destruction and identity. Institute of Man Symposium on Self-Destruction and Self- Creation.

Farberow, N. L. (Ed.). (1975). Suicide in different cultures. University Park Press.

Farberow, N. L., & Shneidman, E. S. (Eds.). (1961). The cry for help. New York, NY: McGraw-Hill.

Futterman, S. (1961). Suicide: Psychoanalytic point of view. In Farberow, N. L., & Shneidman, E. S. (Eds.), The cry for help (pp. 167-180). New York, NY: McGraw-Hill.

Gecas, V., & Schwalbe, M. L. (1986). Parental behaviour and adolescent self esteem. Journal of Marriage and the Family, 48, 37-46.

Gibbs, J. P. (1982). Testing the theory of status integration and suicide rates. American Sociological Review, 47, 227-237.

Gibbs, J. P., & Martin, T. (1958). A theory of status integration and its relationship to suicide. American Sociological Review, 23(2), 140-147.

Gibbs, J. P., & Martin, T. (1974). A problem in testing the theory of status integration. Social Forces, 53(2), 332-339.

Gibbs, J. P., & Martin, T. (1981). Still another look at status integration and suicide. Social Forces, 59(3), 815-823.

Glaser, K. (1978). The treatment of depressed and suicidal adolescents. American Journal of Psychotherapy, 32, 252-269.

Glick, M., & Zigler, E. (1985). Self-image: A cognitive developmental approach. In Leahy, R. L. (Ed.), The development of the self (pp. 1-47). New York, NY: Academic Press.

Goffman, E. (1963). Stigma. Englewood Cliffs, NJ: Prentice- Hall.

Goldney, R. D., & Burvill, P. W. (1980). Trends in suicidal behaviour and its management. Austrailian and New Zealand Journal of Psychiatry, 14, 1-15.

Greyson, B. (1986). Incidence of near death experiences following attempted suicide. Suicide and Life Threatening Behaviour, 16(1) 40-45.

Hart, D., & Damon, W. (1985). Contrasts between understanding self and understanding others. In Leahy, R. L. (Ed.), The development of the self (pp. 151-177). New York, NY: Academic Press.

Harter, S. (1985). Competence as a dimension of self- evaluation: Toward a comprehensive model of self worth. In Leahy, R. L. (Ed.), The development of the self (pp. 55-117). New York, NY: Academic Press.

Heard, G. (1967). Buddha and self-destruction. In Shneidman, E. (Ed.), Essays in self-destruction (pp. 78-91).

Hellon, C. P., & Solomon, M. I. (1980). Suicide and Age in Alberta, Canada, 1951-1977. Archives of General Psychiatry, 37, 505-510.

Hendin, H. (1961). Suicide: Psychoanalytic point of view. In Farberow, N. L., & Shneidman, E. S., The cry for help (pp. 181- 192). New York, NY: McGraw-Hill.

Henry, A. F., & Short, J. F. (1957). The sociology of suicide. In Shneidman, E. S., & Farberow, N. L. (Eds.), Clues to suicide (pp. 58-69). New York, NY: McGraw-Hill.

Hirsch, M. F. (1981). Women and violence. New York: Van Nostrand Reinhold.

Hoeller, K. (1973). Phenomenological foundations for the study of suicide. Omega, 4(3), 195-208.

Hooper, J., & Teresi, D. (1986). The 3 pound universe. New York, NY: MacMillan.

Jackson, D. D. (1957). Theories of suicide. In Shneidman, E. S., & Farberow, N. L. (Eds.), Clues to suicide (pp. 11-21). New York, NY: McGraw-Hill.

Jackson, M. R. (1984). Self-esteem and meaning. Albany, NY: State University of New York Press.

Jarvis, G. K., Ferrence, R. G., Johnson, F. G., & Whitehead, P. C. (1976). Sex and Age Patterns in Self-Injury. Journal of Health and Social Behaviour, 17 146-155.

Kaplan, H. B., & Pokornay, A. D. (1976). Self-derogation as an antecedent of suicidal responses. Social Science and Medicine, 10, 113-118.

Kaplan, H. B., & Pokornay, A. D. (1976). Suicidal responses, self-derogation and accidents. Social Science and Medicine, 10, 119-121.

Kelly, G. (1955). The psychology of personal constructs. New York, NY: W.W. Norton.

Kelly, G. (1961). The personal construct point of view. In Farberow, N. L., & Shneidman, E. S. (Eds.), The cry for help (pp. 255-281). New York, NY: McGraw-Hill.

Kessler, R. C., & McRae, J. A. (1983). Trends in the relationship between sex and attempted suicide. Journal of Health and Social Behaviour, 24, 98-110.

Kobler, A. L., & Stotland, E. (1964). The end of hope: A social-clinical study of suicide. New York: Free Press, Glencoe.

Kovacs, M., Beck, A., & Weissman, A. (1975). An indicator of suicidal risk. Suicide and Life Threatening Behaviour, 21, 98-103.

Kreitman, N. (1977). Parasuicide. London: Wiley and Sons.

Kreitman, N. (1979). Preventive enthusiasm and scientific caution. Presentation at 10th International Congress for Suicide Prevention and Crisis Intervention, Ottawa.

Leahy, R. L. (Ed.). (1985). The development of the self. New York, NY: Academic Press.

Lester, D. (1972). Why people kill themselves: A summary of research findings on suicidal behaviour. Springfield, Illinois: Charles C. Thomas.

Lester, D. (1974). Demographic versus clinical prediction of suicidal behaviours: A look at some issues. In Beck, A. T., Resnick, H. P. L., & Lettieri, D. J. (Eds.), The prediction of suicide (pp. 71-84). MD: Charles.

Levenson, M. (1974). Suicide and field dependency. Omega, 5(2), 181-186.

Litman, R. E. (1970). Sigmund Freud on suicide. In Shneidman, E. S., Farberow, N. L., & Litman, R. E. (Eds.), The psychology of suicide (pp. 565-586). New York, NY: Science House.

Litman, R. E., Farberow, N. L., Wold, C. I., & Brown, T. R. (1974). Prediction models of suicidal behaviours. In Beck, A. T., Resnick, H. P, L., & Lettieri, D. J. (Eds.), The prediction of suicide (pp. 141-162). MD: Charles.

Lowental, U. (1977). Suicide and object-representations. Israel Annals of Psychiatry and Related Disciplines, 15(2), 134-144.

Loeb, A., Beck, A. T., & Diggory, J. (1971). Differential effects of success and failure on depressed and nondepressesd patients. Journal of Nervous and Mental Disease, 152(2), 106-114.

Luscomb, R. L., Clum, G. A., & Patsiokas, A. T. (1980). Mediating factors in the relationship between life stress and suicide attempting. The Journal of Nervous and Mental Disease, 168(11), 644-650.

Maris, R. W. (1981). Pathways to suicide. Baltimore, MD: Johns Hopkins University Press.

McCarthy, P. D., & Walsh, D. (1975). Suicide in Dublin: 1. The under reporting of suicide and the consequences for national statistics. British Journal of Psychiatry, 126, 301-308.

McCulloch, J. W., & Philip, A. S. (1967). Social factors associated with attempted suicide. British Journal of Psychiatric Social Work, 9(1), 30-36.

McIntosh, J. L., & Jewell, B. L. (1986). Sex difference trends in completed suicide. Suicide and Life Threatening Behaviour, 16(1), 16-27.

Miller, D. H. (1967). Suicidal careers: Towards a symbolic interaction theory of suicide. Doctoral Dissertation. University of California, Berkeley, California.

Miller, D. H., & Goleman, D. J. (1970). Predicting post-release risk among hospitalized suicide attemptors. Omega, 1(1), 71-84.

Motto, J. A. (1974). Refinement of variables in assessing suicide risk. In Beck, A. T., Resnick, H. P, L., & Lettieri, D. J. (Eds.), The prediction of suicide (pp. 85-94). MD: Charles.

Motto, J. A. (1979). The psychopathology of suicide: A clinical model approach. American Journal of Psychiatry, 136(4b), 516- 520.

Motto, J. A. (1983). Clinical implications of moral theory regarding suicide. Suicide and Life Threatening Behaviour, 13(4), 304-313.

Motto, J. A., Heilbron, D. C., & Juster, R. P. (no date). Suicide risk assessment: Development of a clinical instrument. Manuscript.

Motto, J. A., Heilbron, D. C., Juster, R. P., & Bostrom, A. G. (1982). Suicide risk assessment: Development of a clinical instrument. Annual Meeting of the American Association of Suicidology (15th), New York.

Murphy, G. E. (1974). The clinical identification of suicidal risk. In Beck, A. T., Resnick, H. P. L., & Lettieri, D. J. (Eds.), The prediction of suicide (pp. 109-119). MD: Charles.

Nelson, V. L., Nielson, C., & Checketts, K. T. (1977). Interpersonal attitudes of suicidal individuals. Psychological Reports, 40, 983-989.

Neuringer, C. (1964a). Reactions to interpersonal crises in suicidal individuals. The Journal of General Psychology, 71, 47-55.

Neuringer, C. (1964b). Rigid thinking in suicidal individuals. Journal of consulting psychology, 28(1), 54-58.

Neuringer, C. (1967). The cognitive organization of meaning in suicidal individuals. The Journal of General Psychology, 76, 91-100.

Neuringer, C. (1974a). Attitudes toward self in suicidal individuals. Life-Threatening Behaviour, 4(2), 96-106.

Neuringer, C. (1974b). Validation of the cognitive aspects of Adler's theory of suicide. Journal of Individual Psychology, 30, 59-64.

Neuringer, C. (1979). The semantic perception of life, death and suicide. Journal of Clinical Psychology, 35(2), 255-258.

Neuringer, C. (1982). Suicidal behaviour in women. Crisis, 3, 41-49.

Parsons, T., & Lidz, V. (1967). Death in American society. In Shneidman, E. (Ed.), Essays in self-destruction (pp. 133-171). New York, NY: Science House.

Paykel, E. S. (1976). Life stress, depression and attempted suicide. Journal of Human Stress, 2(3), 3-12.

Pearlin, L.I., Lieberman, M.A., Menaghan, E. G., & Mullan, J. T. (1981). Journal of Health and Social Behavior. 22(December), 337-356.

Pearlin, L. I., & Schooler, C. 91978). The structure of coping. Journal of Health and Social Behaviour. 19(March), 2-21.

Peck, M., & Litman, R. (1975). Current trends in youthful suicide. In Bush, J. A. (Ed.), Suicide in Blacks, Los Angelos: Fanon Research and Development Center.

Perlin, S., & Schmidt, C. W. (1975). Psychiatry. In A handbook for the study of suicide. S. Perlin Ed., pp. 147-164. New York: Oxford University Press.

Province of Alberta. (1986). 1985 Fact sheet, preliminary suicide statistics. Office of the Chief Medical Examiner.

Province of Alberta. (1987). Personal Communication. Office of the Chief Medical Examiner.

Ringel, E. (1973). The pre-suicidal syndrome. Psychiatra Fennica, 209-211.

Rush, A. J., Beck, A. T. (1977). Cognitive therapy of depression and suicide. American Journal of Psychotherapy, 32(2), 201-219.

Rutter, M. (1981). Stress, coping and development: Some issues and some suestions. Journal of Child Psychology and Psychiatry, 22(4), 323-356.

Ruzicka, A. L. T. (1976). Suicide 1950-1971. World Health Statistics Report, 29, 396-413.

Ryckman, R. M. (1982). Theories of personality. Monterey, CA: Brooks Cole.

Sainsbury, P. (1955). Suicide in London: An ecological study. London: Chapman and Hall.

Sainsbury, P., Baert, A., & Jenkins, J. (1979). Suicide trends in Europe. Proceedings of the 10th International Congress of Suicide Prevention and Crisis Intervention, Ottawa, 365-366.

Sainsbury, P., & Barraclough, B. (1968). Differences between suicide rates, Nature, 220, 1252.

Seager, C. P., & Flood, R. A. (1965). Suicide in Bristol. British Journal of Psychiatry, 111, 919-932.

Shainess, N. (1976). Treatment of crisis in the lives of women: Object loss and identity threat. American Journal of Psychotherapy, 31(2), 227-237.

Shneidman, E. S. (1969). Precursors to suicide. Medical Insight, Nov. 41-47.

Shneidman, E. S., Farberow, N. L., & Litman, R. E. (1970). The psychology of suicide. New York, NY: Science House.

Shneidman, E. S. (1976). A psychologic theory of suicide. Psychiatric Annals, 6(11), 51-66.

Shneidman, E. S. (1984). Aphorisms of suicide and some implications for psychotherapy. American Journal of Psychiatry, 38(3), 319-328.

Shneidman, E. S. (1985). Definition of suicide. John Wiley.

Sieber, S. D. (1974). Toward a theory of role accumulation. American Sociological Review, 39, 567-578.

Singer, M. (1977). The experience of emptiness in narcissistic and borderline states: II. The struggle for a sense of self and the potential for suicide. International Review of Psychoanalysis, 4, 471-479.

Smith, G. W., & Bloom, I. (1985). A study of the personal meaning of suicide in the context of Baechler's typology. Suicide and Life Threatening Behaviour, 15(1), 3-13.

Smith, K. (1982). Using a battery of tests to predict suicide in a long term hospital: A clinical analysis. Omega, 13(3), 261- 275.

Smith, K. (1983). An ego vulnerabilities approach to suicide assessment. Manuscript.

Smith, K. (1986). An attempt to conceptualize adult suicidal behaviours. Annual Symposium of Suicide Research in Alberta (6th).

Smith, K., & Conroy, R. W. (no date). Towards an integrated assessment and treatment model for suicidal inpatients. Manuscript.

Smith, K., Conroy, R. W., & Ehler, B. D. (1984). Lethality of suicide attempt rating scale. Suicide and Life Threatening Behaviour, 14(4), 215-242.

Stafford, M. C., & Gibbs, J. P. (1985). A major problem with the theory of status integration and suicide. Social Forces, 63(3), 643-660.

Steiner, C. M. (1974). Scripts people live. Toronto, ON: Bantam.

Stengel, E. (1957). Attempted suicide. London: Chapman and Hall.

Stengel, E. (1960). The complexity of motivations to suicidal attempts. Journal of Mental Science, 106(445), 1388-1393.

Stengel, E. (1963). Suicide and attempted suicide. New Society, (45), 7-9.

Stengel, E. (1964). Suicide and Attempted Suicide. Harmondsworth: Penguin.

Stewart, J. M. (1983). The ego-self debate. Smith College of Studies on Social Work, 53(3), 203-213.

Tabachnick, N. (1961). Interpersonal relations in suicidal attempts. Archives of General Psychiatry, 4, 16-21.

Tabachnick, N. (1981). [Book forum review of The suicide syndrome]. American Journal of Psychiatry, 138(4), 549-550.

Thoits, P. A. (1983). Multiple identites and psychological well-being: A reformulation and test of the social isolation hypothesis. American Sociological Review, 48, 174-187.

Weiner, M. B., & White, M. T. (1982). Depression as the search for the lost self. Psychotherapy, Theory, Research and Practice, 19(4), 491-499.

Wenz, F. V. (1976). Self-evaluation and suicide potential. Psychological Reports, 39, 289-290.

Wetzel, R. D. (1975). Self-concept and suicide intent. Psychological Reports, 36, 279-282.

Wilson, L. T., Miskimins, R. W., Braucht, N. G., & Berry, K. L. (1971). The severe suicide attempter and self concept. Journal of Clinical Psychology, 27(3), 307-309.

Wylie, R. (1974). The self concept (rev. ed.). Lincoln, NE: University of Nebraska Press.